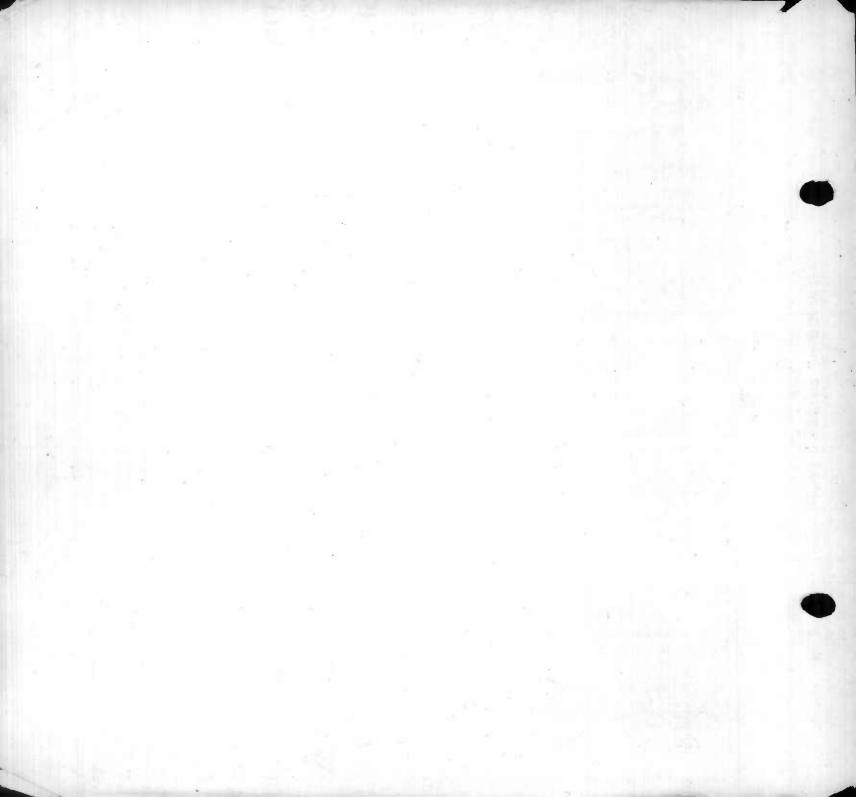
lived. If institution: residence before admission) D. INSIDE CITY LIMITS? YESX NO If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (my) (our) opinian death occurred an the date 23 B. DATE SIGNED HOSPITAL (City, town, or county) ADDRESS



5	262		BALTIMORE CITY	HEALTH DE	PARTMENT		60. 0002
BIRTH NO.	68	- ,20	2 CERTIFICA	TE OF	DEATH	REG. NO	68- 2002
Type or Print)		trou	1			D HOUR OF DEATH	1130 1.1
3. PLACE IN	BALTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL R	ESIDENCE (When	e deceased lived, if in	nstitution: residence before admission
FULL NAME HOSPITAL OF	ADDRESS OR LOCA	TION)	UTION, GIVE STREET	c. CITY OR 1	/ary/A	o. INS	VES NO
This	ncoln nurs	ingi	Nome	E. STREET A	ND NUMBER	yelle st	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
temul	P negro	WIDOWED	DIVORCED	5.0	8-1888	19	Williams Doys From Mills
	CCUPATION (Give kind of work st of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
one during mo	16 line			5	m. U		4. S.A.
3. FATHER'S	NAME			14. MOTHER	S MAIDEN-NAM	ΛE	1 9, 5, 11
(1)	nknowen			1	nHan	/,	
5, Wos Dece	osed Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMA		wn	ADDRESS
Yes, no or unkr	nown) (If yes, give wor or dote:	of service)	SECURITY NO.	h	1	/	
18.		11	219-20-8781 CAUSE OF DEATH	In	y say	u	APPROXIMATE INTERVAL
DISEASE IN UNDERL	ANTECEDENT CAUSES  S OR CONDITIONS, if of the abave cause (A) YING CONDITION lost.  II GNIFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTE OF OPERATION 198. CONDITION S PERF	INY, giving sloling the NTRIBUTING E TERMINAL 1 (A).	(C)	20 A. AUT	OPSY? (Yes or No		FINDINGS CONSIDERED USES OF DEATH?
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examines	218 hor etc	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ,)	n or obout 21C fice bldg., INJ	URY OCCUR?	(If in Boltimo	re City, give exact location)
21 D. TIMI OF INJUR (APPROX.)	Y		ile At Not While		HOW DID INJ	URY OCCUR?	
that (1) (	tify that (1) (this hospital) we) lost sow the deceose and from the couses stat	d olive on.	2-16	- / 2 19 6 lew the bod	8 ond the	968 to 2	1968 inlon death occurred on the dat
23M. 31GN	CAN THE CONTRACT OF THE CONTRA	1	Atte	nding	Med.	Staff	
24A. BURIAL	CREMATION, 248. DATE AL (Specify)		becage Phys	23D. ADDRESS		Phys. L	2 -16-68 (State)
Bun	al 2-216	25B. NAME	Warauf OF REGISTRAR	250. FUN	BERAL DIRECTOR	nor plan	ADDRESS
1 110	WW 1300 Ulober	0 6,4	Colonia	tello	4(110)	Wear low,	Barty W.
/S 150-REV.	17 17 48			6 -	1,		



FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

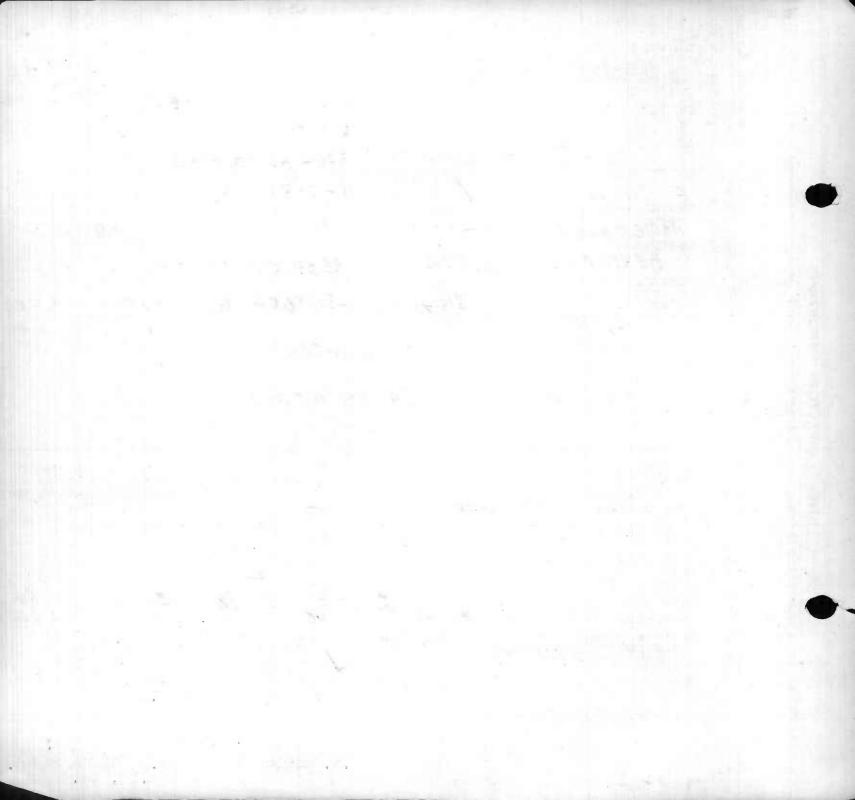
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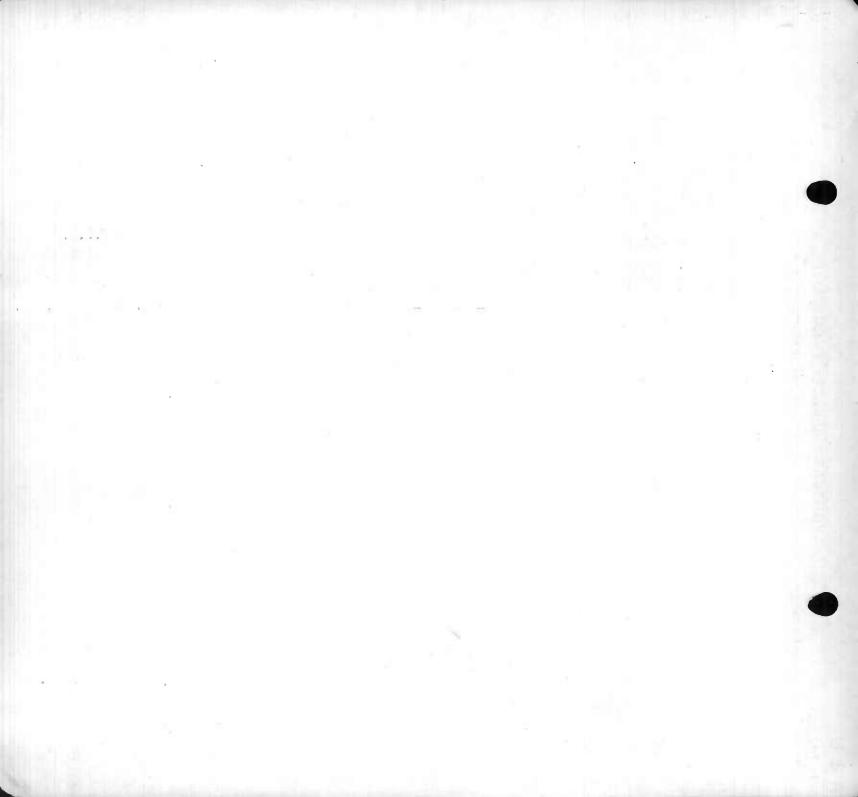
Hours

If Under 24 Hrs.

(State)

Md.





,		1	- Carteria	
1	-5	57		
0			BIRTH NO.	

4. PLACE IN BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION

9. DATE OF BIRTH

11. BIRTHPLACE (State or

4A.USUAL OCCUPATION

6. SEX

	0				
6	8- 2005 BALTIM	ORE CITY HEALTH DEPART	MENT	00	) anne
	MEDICAL EXAM	NER'S CERTIFIC	ATE OF DEAT	TH DO	3-2005
RTH NO.	//(LD/G//L L/// (///	TERO GERTIFIC	,, (12 01 02, (	REG. NO	
NAME OF DECEASED  (Pe or Print) Carrie	Mae Johnso	2. DATE OF DEATH	Known Month Estimated 2	17 68	515pm.
JLL NAME OF (IF NOT IN ADDRESS	AND, WHERE PRONOUNCED HOSPITAL OR INSTITUTION, GIVE OR LOCATION)		NCED DEAD Month	1.7 68 Year	5'50 M.
RINSTITUTION 4911 C	anier Au	A. STATE	NDENCE (Where deceased	lived. If institution: residence B. COUNTY	before admissian)
SEX 7. RACE	B. MARRIED   NEVER	MARRIED C. CITY OR TO	Finore	D. INSIDE CITY LIMITS?	NO 🗆
	AGE (In years If Under 1 Yr. Months, Doys		VI Lanie	erave	
SUMTER STORES	ountry) 12. CITIZEN CO WHAT CO		NAME LOW	779	
A.USUAL OCCUPATION (Give kinne during mast of warking life, even ,	nd af work 14B. KIND OF BUSINESS	Hei	ENA K	utus	
es, na or unknown) (If yes, give war		JRITY NO. He/e/	va Lowe	rV1006 AS	phirtons
DISEASE OR CONDITION LEADING TO D	ON DIRECTLY	GUN S	hot wou	A BETY	PPROXIMATE INTERVAL VEEN ONSET AND DEATH

## dane during mast of warking 16. WAS DECEASED EVE (Yes, na or unknown) (If yes, DISEASE OR C LEADIN (This does not mean the made of dying, e.g., DUFTO OR AS A CONSEQUENCE OF: heort failure, asthenia, etc. II means the disease, injury ar complication which caused death.) **ANTECEDENT CAUSES** (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Baltimore City, give exact lacation) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB Home UTING CAUSE OF DEATH. (Haur) 22E.INJURY OCCURRED 22D. TIME (Month) (Day) (Year) NOT WHILE OF INJURY WHILE AT (APPROX.) m. WORK 23.

Autapsy

Suicide 1

Hamicide \_\_

**EXAMINER'S** NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

I certify that I held an Inquiry

resulted fram: Natural causes

Inspection

Accident

ASSOCIATE MEDICAL EXAMINER 24D. LOCATION & (City, town or county)

24C. NAME of CEMETERY or CREMATORY

and that an this basis, death in my apinian

Undetermined manner

DATE SIGNED

CHIEF MEDICAL EXAMINER

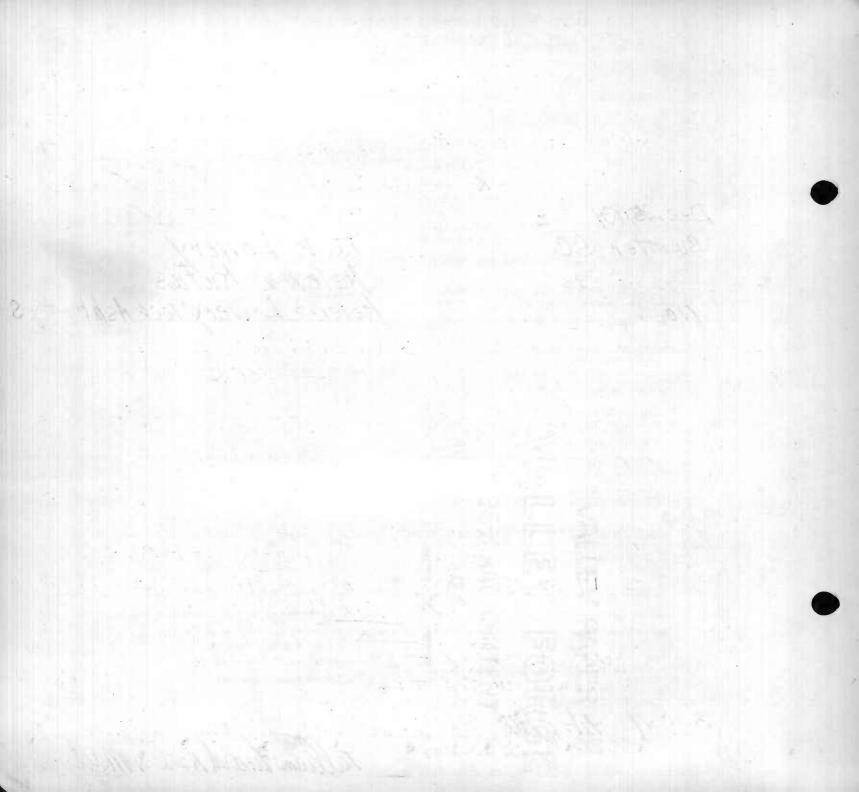
ASSISTANT MEDICAL EXAMINER

**ADDRÉSS** 

VS 151-REV. 1/1/68

ACTUAL

SIGNATURE.



5-56	2	68- MED	SCO	6 E	BALTIMORE CITY  XAMINER'S	CERTIFI	RTMENT CATE O	F DEAT	H REG NO	68-	- 2006
BIRTH NO.											
1. NAME OF DE					C TAINED C	2. DATE OF	Known	Manth	Day 10	Yeor	Hour 11.20 D
4. PLACE IN BA	CECIL	DVI AND W	VHEDE DI	ONI	SINNERS	JEATH 3. DATE	Estimated L	Manth	ary 18,	1900 Year	11:30 PM
FULL NAME OF	(IF NO	T IN HOSPITA	AL OR INS		ION, GIVE STREET		UNCED DEAD				
HOSPITAL OR INSTITUTION		SS OR LOCA				5. USUAL F	RESIDENCE (Wh		ury 18,		11:30 PM
		EMORIAI			CAL (DOA)	A. STATE	faryland		B. COUNTY	/	27-09
6. SEX	7. RACE		B. MARE	RIED	NEVER MARRIED				D. INSIDE C	ITY LIMITS!	
Male	Whit		WIDOV				imore		Y	ES X	NO 🗌
9. DATE OF BIRT	-	10. AGE (I			nder 1 Yr. If Under 24 H		AND NUMBER	•			
April 21,	1900.	last birthda	., 60			5204	Lock Rav	en Blvd	•		
11. BIRTHPLACE (	State or foreign	n country)			CITIZEN OF WHAT SQUNTRY?	13. FATHER		illiam	Sinners		
dane during mast of Offic	warking life, ev				R.R.	TRY 15. MOTH	ER'S MAIDEN N		ie Salm	on	
16. WAS DECEAS	SED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFOR	MANT		Δ.	DDRESS	
(Yes, no or unknawi	(If yes, give v	war or dates	at service	:)	705-10-4553	Mrs. H	uth M. S	inners		(San	ne)
(This does heart failur injury or co	NIFICANT CON ATH BUT NOT R CONDITION	DEATH mode of dy . It means the ch caused der CAUSES ONS, IF ANY USE (A) STA ION LAST. II NDITIONS C GIVEN IN P	ving, e.g., e disease, aih.) Y, GIVING TING THE ONTRIBU ONTRIBU ART 1 (A)	TING MINAL	(A)IMMEDIA DUE TO,  (B) DUE TO,  (C)	TE CAUSE OR AS A CONSEC OR AS A CONSE	EQUENCE OF:	ovascu1	ar Dise	21. AUT	OPSY? (Yes or No) Yes
UNDERLYING CONTING CON	RNAL CAUSE G OR CON AUSE OF DEA (Month) (D	TRIB-	r) (Hau	hom		office bldg., etc.)	22C. WHERE DI INJURY OCCUR 22F. HOW DID	?		act location	)
ACTUA SIGNA' EXAMIN NAME	L TURE SER'S (Type)	algural cau	/ 2 <sub>1</sub>	Kon	and bronblum, M.D.	ASS ASS	CHIEF MEDICA	L EXAMINER AL EXAMINER AL EXAMINER	ned manner		DATE SIGNED 2-19-68
24A. BURIAL CRE REMOVAL (Spec Burls	MATION, 2 city)	2/22	2/68.		C. NAME of CEMETE Dulaney Vall			b. LOCATION Bal	(City, tov	Md.	y) (State)
25 A. DATE REC'E	2 0 1968	art.			FOF REGISTRAR		funeral Dire			ADDRESS to .Md	. 21214

VS 151-REV. 1/1/68

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APPLIES AND ACTION OF THE PROPERTY OF THE PROP

1 1 - 1/2/	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2007
W-436 68-	CERTIFICA	TE OF DEATH	REG. NO	00 2001
NAME OF DECEASED			HOUR OF DEATH	
Type or Print) Leonora	L. Walker	any f	eary 17,19	68.1
PENCE MARYLAND WHERE		4. USUAL RESIDENCE (Where	decéased lived. If in:	stitution: residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	MARINDA DETE	Md.		13-6%
ISTITUTION	727/68	Baltimore	D. INSI	YES XX NO
O 2131 Bolton .	Street	E. STREET AND NUMBER		IESNEY NO [
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	131 Bolto	n Street
	RRIED NEVER MARRIED		AGE (In years ost birthday)	If Under 1 Yr., if Under 24 Hr. Months: Doys Hours Min.
emale Male wid	OWED DIVORCED	Oct. 14,1892	75	
A. USUAL OCCUPATION (Give kind of work 10 B. Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTE
Retired School Teach	her	Marylan		USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAM		,, ,
Harry Les	se		Emma L.	Holmes
. Was Deceased Ever in U.S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Bo	218-22-3617	Mr. Dunaway to	1. Walker	(Same)
18. 427.01	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	Λ	+ 1		
LEADING TO DEATH	(A) IMMEDIATE CAL	maesters He	ast	
(This does not meon the mode of dying	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. 11 means the di injury or complication which caused death.		~		
ANTECEDENT CAUSES		1. Mus	/	
	(B)	A CONSEQUENCE OF:	<u>C</u>	
rise to the obove couse (A) stolin	9 9	A CONSEQUENCE OF:		34 1 2 3
UNDERLYING CONDITION Iosl.	(c)			
434./ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
TO THE DEATH BUT NOT RELATED TO THE TERM	AINAL			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBLED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION WAS PERFORMED TO THE DEATH OF	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORME			IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factary, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(tf in Boltimore	e City, give exoct locotion
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While	• 🗖		
(ATTROX)	Work L At Work		12 11	19 18
22. 1 certify that (1) (this hospital) atte	nded the deceased from	arch 15 1	20 10 fely	usey / 1960
that (1) (we) Jast saw the deceased aliv	e an february	1 1968 and the	it in (my) -(our) apli	nian death accurred an the de
and have and from the causes stated ab	γ /	/		
23A. SIGNATURE	uve. (1) (me) (ulu) (alu ijor) (	new the bady difer death.		23 B. DATE SIGNED
	Athe	onding Med.	Staff	2/19/12
amounce	DEGREE Phy	s. Director	Phys.	2/1/60
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	
A.M. Kenick		Inin St	Paul	
4A. BURIAL CREMATION, 24B, DATE	DEGREE 24C. NAME of CEMETERY OF CR	FMATORY 24D. IC	CATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)	11			
Burial 2/21/68.	Woodlawn (em	etery	Baltimo	re, Md. Balto.Md.21214
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	2 1 2	ADDRESS
LER SA 1209 OFFICE ST	The state of the	Leonard J. 1	Ruck. Inc.	Balto. Md. 21214
'S 150-REV. 1/1/68		//		

2/28/68 - Correction form from funeral director.

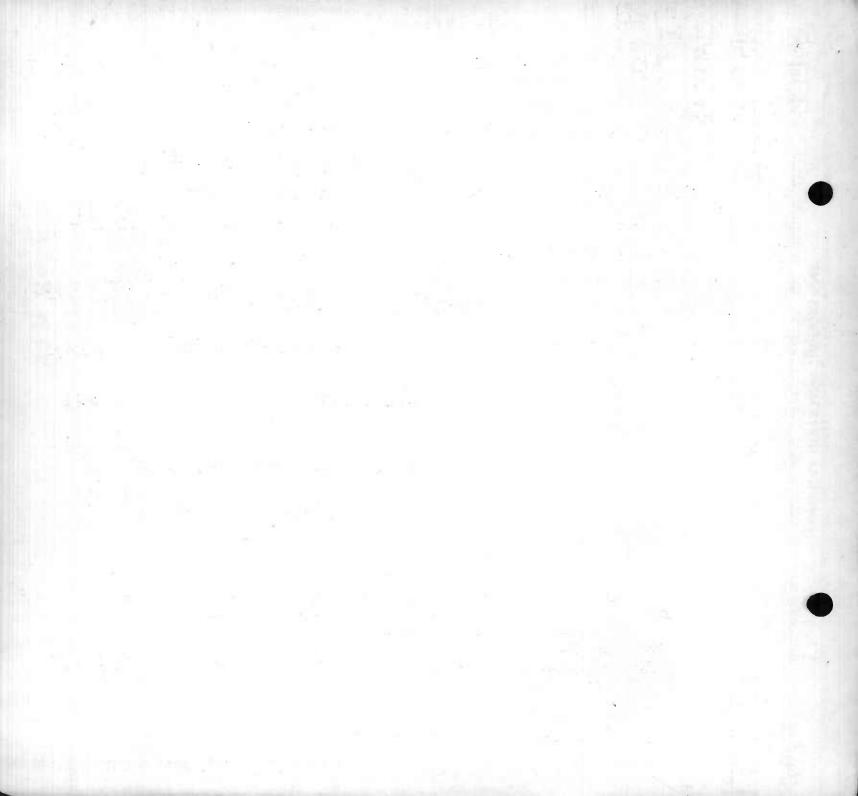
VS 150-REV. 1/1/68

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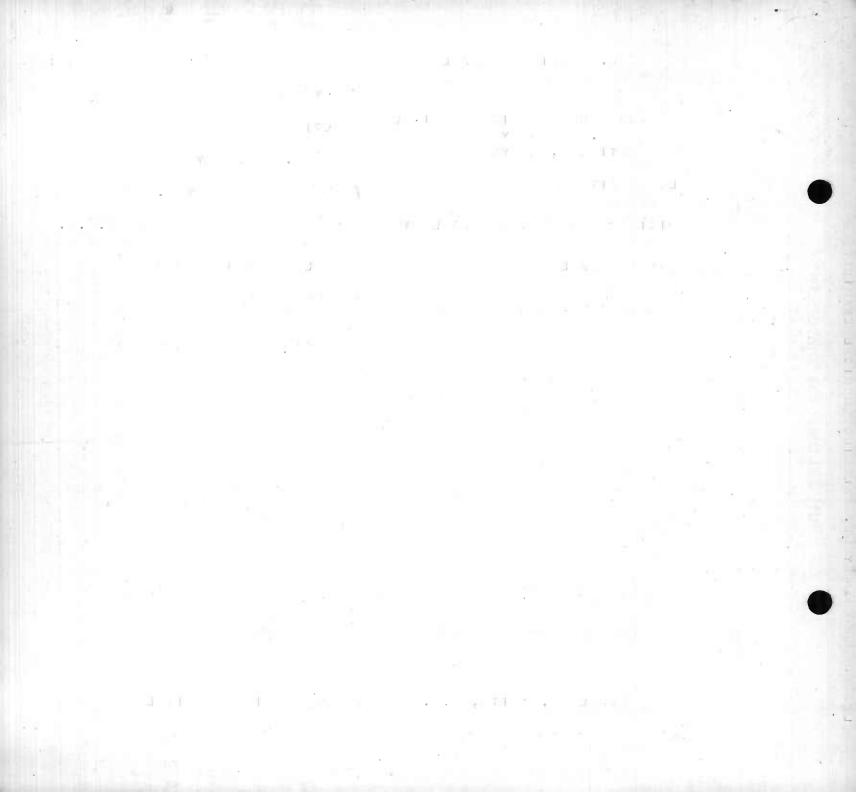
(This does not mean the mode of dying, e.g., heart lailure, osthenia, etc. It means the disease, injury or complication which coused death.)	(A)IMMEDIATE CAUSE GELEDIO DUE TO, OR AS A CONSEQUENCE O		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR AS A CONSEQUENCE	OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
20A. DATE OF OPERATION 20B. CONDITION FOR WI	HICH OPERATION WAS PERFORMED		21. AUTOPSY? (Yes or No)
2-10-68 Head injury	y		Yes
OF INJURY (APPROX.) 2=10-68 3:27 P m. WHI void an inquiry I resulted from: Natural causes  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  OF INJURY (APPROX.) 2=10-68 3:27 P m. WHI woll and Inquiry I lead to the control of	INJURY OCCURRED  LEAT NOT WHILE AT WORK ASSA  Inspection Autopsy Mand to the state of the state	AEDICAL EXAMINER AEDICAL EXAMINER TO FE	Sterson  opinion  DATE SIGNED  bruary 16, 1968
MOVAL (Specify)	BREW YOUNG MENS	BALTIMORE, MARY	n, ar county) (State)
FEB 2 0 1968 Roberto E. Hall	coftails	INSON & BROS., 601	O REISTERSTOWN
151-REV. 1/1/68 V 4		1-2	

, · · · · · Tambel 1 Coleman Internal Coleman Texture (Coleman Internal Coleman Intern 

FUNERAL DIRECTOR:



VS 150-REV. 1/1/68

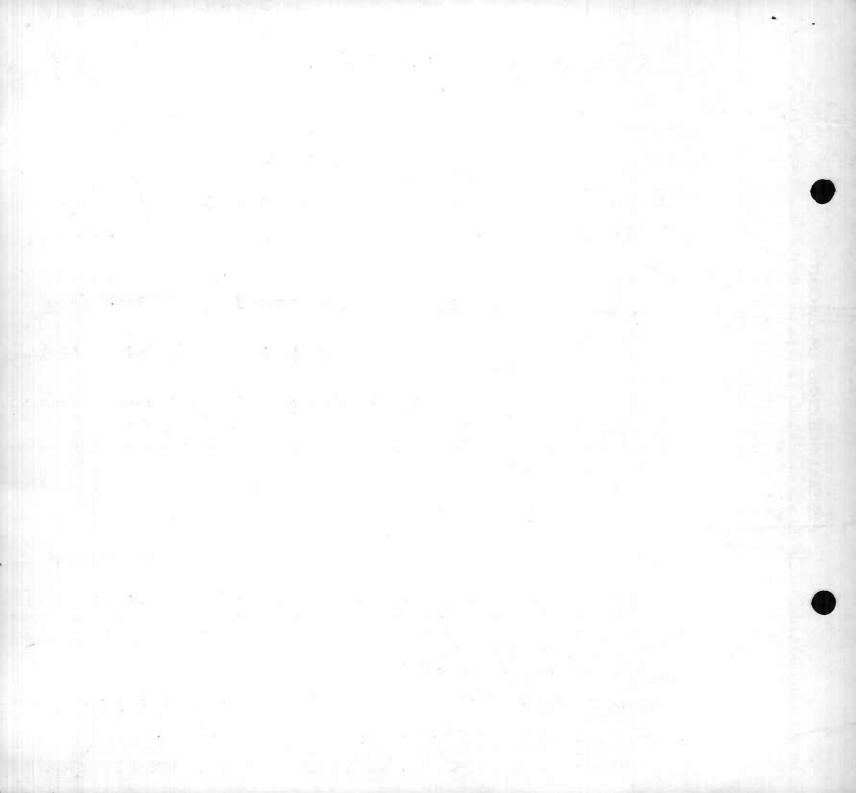


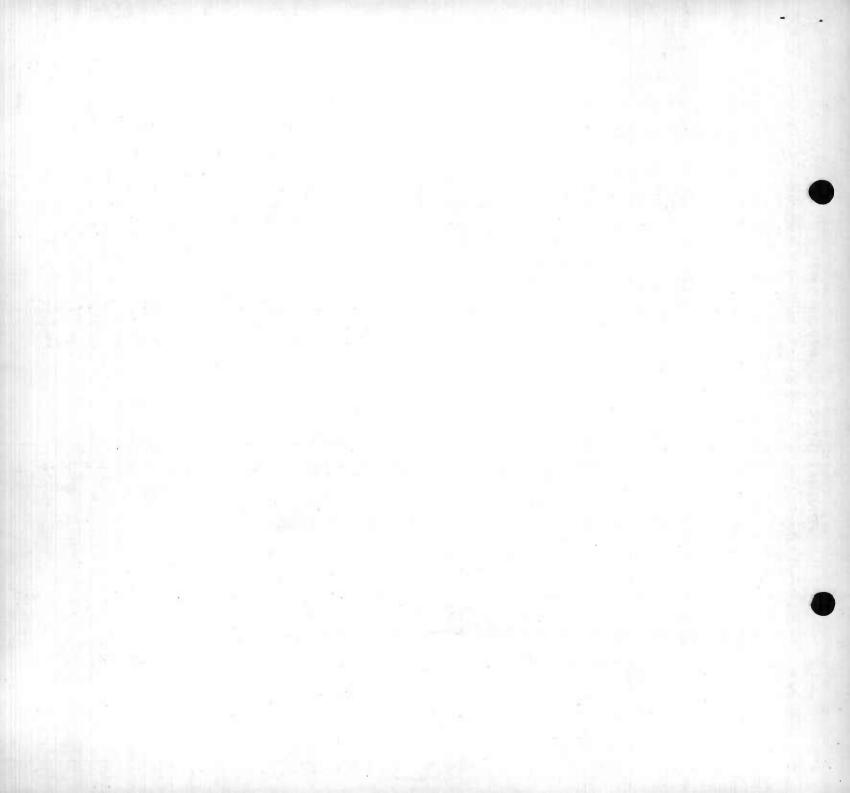
C	- 2	5 % 68	- 201	2 CERTIFICA			REG.	NO	68-	201	2
	OF DECI	Table 1 and the second					ND HOUR OF	DEATH			
"yne or l	rnnu	PHILIP CUR	-S3UH				8168			21151	AM
3. PLACE	E IN BALT	TIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	B. COUI	ere deceosed li NTY	ved. If insti	lution: resid	dence before	odmission
FULL NA HOSPITA INSTITUT	LOR	(IF NOT IN HOSPIT ADDRESS OR LOC.		JTION, GIVE STREET	C. CITY OR TOW	nert	MD	D. INSIDE	CITY LIMI	TS?	
SINA	I HOS	PITAL			BALTI E. STREET AND	MORE NUMBER		,	YES 🗌	NO [	
7			- A He-		3113 M	ARNAT	Rd			250	0
S. SEX	MIT	6. RACE		NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In ye last birthday)		If Under 1 Months Do	Yr. If Und	ler 24 Hrs Min.
	VALE	WHITE	WIDOWED	BUSINESS OR INDUSTRY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	76		10 015150		
done durin	ng most of v	working life, even if relired)			11. BIRTHPLACE				12. CHIZEN	OF WHAT	COUNTR
	RCHAN		RET	AIL	BALTI				u	.S.A.	
	ER'S NAA				14. MOTHER'S A		ME				
		Cushner			BESS	IE	?		- 11		
5. Wos E Yes, na ar	Deceosed runknawn)	(If yes, give war ar date	rces? es af service)	SECURITY NO.	17. INFORMANT				A	DDRESS	
NO				220-30-6000	DR. IRVIN	M. CU	ISHNER,	6208 S	SAREVA	DR.	#2120
NO THE TO THE DISEA	EASES OF THE DEAT ASE OR CO	ANTECEDENT CAUSES OR CONDITIONS, if or abave cause (A) or CONDITION lost.  II ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICIPATION 1985. CONDITION 198	any, giving stating the INTRIBUTING HE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE	2nec	lar r	ing		ONSIDERED	
DI 19 A. I	DA11 01	WAS PER	FORMED	William Orange Mon	1	10	IN CERTIFY	ING CAUS	ES OF DE	ATH?	
U 21 A.	CONTRIBU	TING CAUSE OF	21B. ham etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, at	n ar about 21 C. WI fice bldg., INJURY	OCCUR?	(If In	Baltimare	City, give e	xact lacation)	
21 D.	TIME NJURY ROX.)	(Manth) (Day) (Yeor)		INJURY OCCURRED  Ile At Not While  At Work	• 🗆	W DID IN	JURY OCCUR				
22. 1	certify	that (1) (this haspita	l) attended th	ne deceased fram	2/4/68	•	.19ta_	2/18/	68	1	9
ond		10/1	_	Dh.	iew the body at	fter death.	Shaff Phys.		on death		on the de
'	PHYSICIA NAME (Ty	P. EXTIN	JEZR.	HD-	23D. ADDRESS	Secl	al	Hos	ysa	rief	16
4A. BUR REA	AOVAL (S	pecify)		AME of CEMETERY of CRI			LOCATION		town, or c	county)	(Stote)
BI BA	URIAL	2-19-6	8 MO	SES MONTIFIOR			TIMORE,	MARYL	AND.	ADDRESS	
	EB Z	10.1968 (15°6	اع م	TO A CONTRACT				, 6010	REIS		UN RE
SA. DA	EV. 1/1/6	2041968°C.	255 N CME C	E E STRAM	25C. FUNERA	L DIRECTO					UN

and the same

FUNERAL DIRECTOR: IMPORTANT

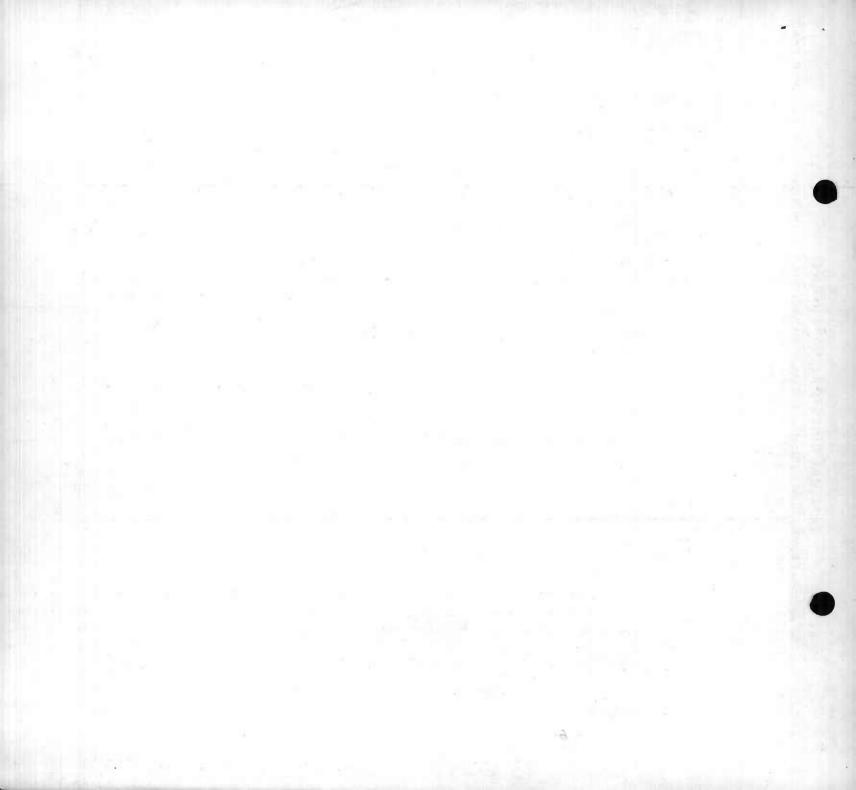
68- 2613 CERTIFICATE OF D	010 010
	OFATH REG. NO.
BIRTH NO.	
Type or Print)	2. DATE AND HOUR OF DEATH
ROSENBERG , ALBER I W.	2-16-1968 · 1 6 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RE	SIDENCE (Where deceased lived, If institution: residence before admission) 8. COUNTY
	RYLAND 13-01
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TO	
DA1	TIMORE YES X NO
SINAI HOSPITAL	
/ /)	
	CHAUNCEY AVENUE
SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BI	IRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months   Doys   Hours   Min.
MALE WHITE WIDOWED DIVORCED APRIL 15	
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC	
one during most of working life, even if retired)	
MANUFACTURER LEATHER GOODS POLA	
3. FATHER'S NAME	S MAIDEN NAME
NEVED DOCENDEDO	IOUE REPUCTETU
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMAN	ICHE BERNSTEIN ADDRESS
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	TOURESS.
NO 216-32-9646A MRS. SAD	DIE ROSENBERG, 905 CHAUNCEY AVENUE
18. 4 / CAUSE OF DEATH	APPROXIMATE INTERVAL
TOURS OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 - 001
LEADING TO DEATH	ute Ronal failure 12 hour
(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENT	CE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	
1 1 6	1 1 1 1 1 1 1 1 1
ANTECEDENT CAUSES (B) Acute Rec	surrent Myocantas 24/156
, , , , , , , , , , , , , , , , , , , ,	ICE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Tutoridion
UNDERLYING CONDITION last. (C)	
42011	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 1204 AUTO	PSY? (Yes of Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 121A. ACCIDENT WAS UNDERLYING	WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJU	RY OCCUR?
DEATH (notify medical examiner)	
	HOW DID INJURY OCCUR?
OF INJURY  (APPROX.)  While At Not While	
Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	15 19 58 to Feb 15 1968
6	ond that In(my) (our) opinion death occurred on the date
and hour and fram the causes stated above. (1) (We) (did) (did not) view the body	ofter death.
23A. SIGNATURE	23 B. DATE SIGNED
1 All Attending	Med. Staff
Majmaj run John Phys. L	Director Phys. —
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	10
MKUNG SUN YARAL	2 mai Hardstalet Rational
DEGREE C	) 1141 MODI (041 0) Ball Courte
A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY	24D. LOCATION (City, town, or county) (Stote)
PUDTAL 0 16 /6 UEDDEN FOTENOOUTD	DAITTHADE MADULAND
BURIAL 2-18-68 HEBREW FRIENDSHIP	BALTIMORE, MARYLAND
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNE	RAL DIRECTOR ADDRESS
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNE	



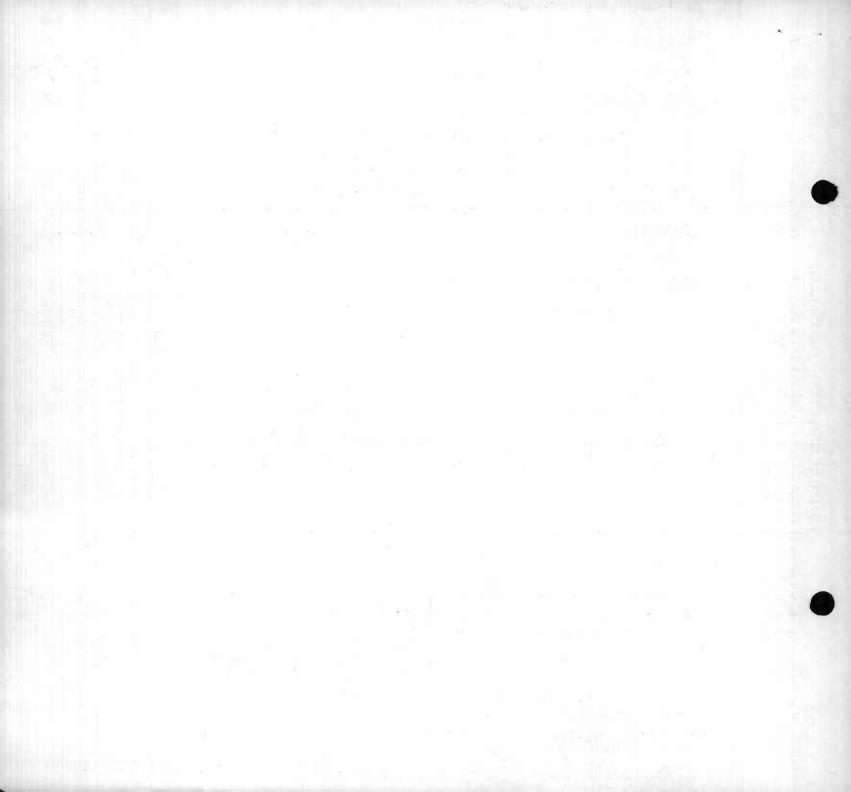


FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B



Rip	th No. 68- 2016 CERTIFIC	ATE OF DEATH REG. NO.	68- 2016
1, 1	AME OF DECEASED  JOSEPH J. MUND	2. DATE AND HOUR OF DEATH FEBRUARY 16, 1968	1111-
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution; residence before
1			15
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	MARYLAND  C. CITY OR TOWN  D. INSI	IDE CITY LIMITS?
1		BALTIMORE	YES NO
MA	DISON APTS., 817 ST. PAUL STREET	E. STREET AND NUMBER	
		3918 DOLFIELD AVENUE	
S.	MARKIED A INEVER MARKIED	iosi birindoy/	Months Doys Hours
104	MALE WHITE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT
	e during most of working life, even if retired)		
13.	REGISTERED PLUMBER	NEW YORK	U.S.A.
. 31			
15	JOSEPH J. MUND Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL	MARGARET COSTELLO	ADDRESS
(Ye	s,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
	NO CAUSE OF DEA	MRS. SYLVIA MUND, 3918 DOLF	IELD AVENUE
	dut 1 ( )		BETWEEN ONSET
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	prevoid infaction acut	1 menei
	(This does not meen the made of dying, e.g.,	AUSE IS A CONSEQUENCE OF:	
	heat tailure ashenia etc II means the disease		) .
1	ANTECEDENT CAUSES	tensin Cardio Vascular D	4
	(B)	AS A CONSEQUENCE OF:	
	rise to the above couse (A) stoting the	TOTAL OF THE COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN	
1	UNDERLYING CONDITION last. (C)		
z	4201/ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	fe t	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	rsey	***************************************
U	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. ASTOPSY? (Yes or No.) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CERTIFI	WAS PERFORMED	IN CERTIFING CA	OJES OF DEATH!
	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street,	office bldg., INJURY OCCUR? (If in Boltimor	e City, give exoct locotion)
CAL	DEATH (notily medical examiner) etc.)		
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
5	(APPROX.) While At Work At Wo		
	22. I certify that (I) (this hospital) ottended the deceased fram	December 1945 to	2/15 19
	that (I) (we) lost sow the deceased alive on.	19 6 S ond that in (my) (out) api	nion death occurred ar
	and hour and from the couses stated above. (1) (We) (did) (did not		
	23A. SIGNATURE		23B, DATE SIGNED
		hys. Med. Shaff Phys.	4
	23C.PHYSICIAN'S	23D. ADDRESS	
	NAME (Type)	2724 SMITH AVENUE	
	UK. LUULS MASER	et a la company of the company of th	
24/	DR. LOUIS MASER DEGR. BURIAL CREMATION, 1248. DATE 124C, NAME of CEMETERY OF		ity, town, or county)
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (C)	ity, town, or county)
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	BALTIMORE, MAR	RYLAND
	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CEMETERS OF CEMETERY OF CEMETERS OF CEMETERY OF CEMETERS OF C	24D. LOCATION (C) BALTIMORE, MAR 25C. FUNERAL DIRECTOR	RY LAND ADDRESS
25/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	BALTIMORE, MAR	RYLAND



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

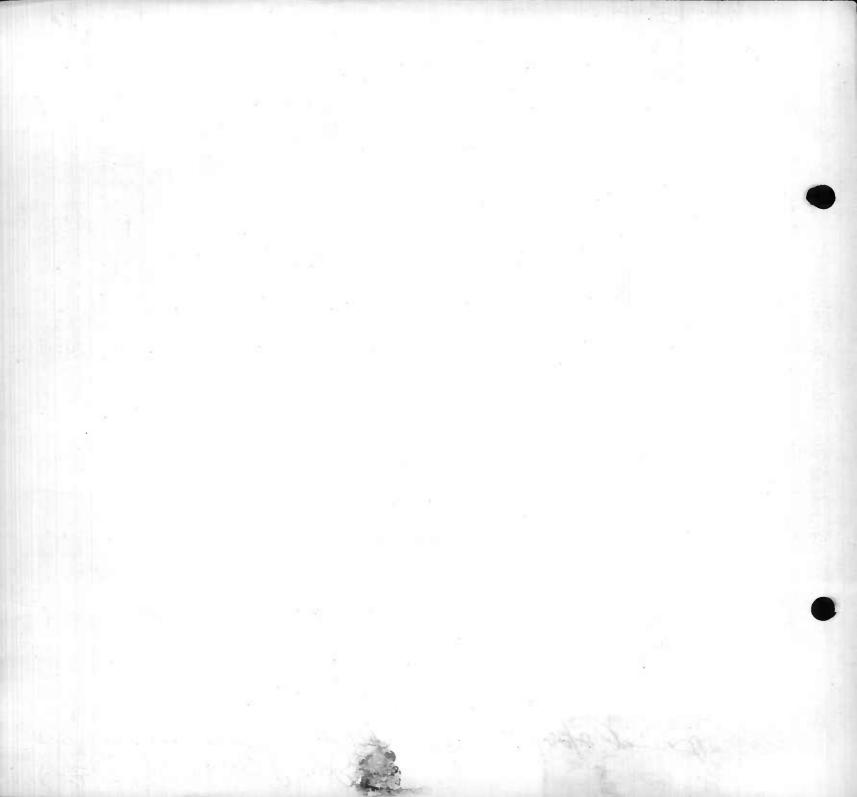
APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

INSTANTE

ADDRESS

If Under 24 Hrs.



FUNERAL DIRECTOR: IMPORTANT

-	)				BALTIMORE	CITY HE	ALTH DEPARTMENT			00	0040
PIPI	1-30	00	68	3- 20	18 CERTIFI	ICATE	OF DEATH	· RI	EG. NO	68	2018
1, N	AME OF DEC				RLES		2. DATE	2 - 16-			945 DM
3. F	PLACE IN BAL				UNCED DEAD		USUAL RESIDENCE (V			titution: re	sidence before odmission)
HO	LL NAME OF	ADDR	ESS OR LOCA	TION)	UTION, GIVE STREET	T	Md.		ID INSI	DE CITY LIA	WIRES
INS V	TUTION	hera	n H	OSP	of Md.		Baltim	ove	0. 114516	YES 🔽	NO 🗌
	LUI			J		Ε.	2 2 1 8	Ros/	In	AU	e.
5. S	EX	6. RACE		7. MARRIED	NEVER MARRIE	B. I	DATE OF BIRTH	9 AGE III	June 15	If Under	1 Yr., If Under 24 Hrs.
	M	W	,	WIDOWED	DIVORCE	· i /	2-12-1886	lost birthd	81	Months	Doys Hours Min.
				10B, KIND OF	F BUSINESS OR IND	USTRY 11.	BIRTHPLACE (Stote of	foreign country	()	12. CITIZ	EN OF WHAT COUNTRY
	during most of leal E:			Re	al Estate		Md.			U	. S. A.
13.	FATHER'S NA	ME				14.	MOTHER'S MAIDEN				
	Char!	les Ra	aith				Susan Be	enner			
15.	Wos Deceoses	Ever in U.	S. Armed For	ces?	1 6. SOCIAL SECURITY NO.		INFORMANT				ADDRESS
(163	no	in the year, giv	e wor or dote	2:	17-03-958	2A Hr	s.Elizabet	th F.	Raith	2218	Roslyn Ave
	18.211	2.4	1		CAUSE OF					1	APPROXIMATE INTERVAL
	DISEA		DITION DI	RECTLY	Au	nte	Myocaro	hial.	Lufari		41200
	(This does		TO DEATH	dvina. e.a	(A) IMMEDIA	IE CAUSE	ONSEQUENCE OF:		,		73 101017
	heart failure,	asthenio, e	Ic. II means	the disease,		OR AS A C	DINSEQUENCE OF:				
	injuly ar col		NT CAUSES	dedin,	Co	V O L	and Th	V AMA	baci		11
	DISEASES		TIONS, if	anv. aivina	(B) DUE TO,	OR AS A	ary The	• 0000	17031.		
		ie abave	cause (A)		(a) Ac	tevi	oscleros	is C			Many year.
	420.	/	1			al w	ta due	W			
ON			IDITIONS CO		Pul	MOU	nary En	nohy	sema	2	
CAT	DISEASE OR	CONDITION	GIVEN IN PAR	T 1 (A).			20A. AUTOPSY? (Yes of				CONSIDERED
RTIFIC	O DATE O	FOPERATIO	WAS PERI		WHICH OPERATION		ZUA. AUTOPST? (Tes	IN CER	TIFYING CAL	JSES OF D	DEATH?
CAL CE	21 A. ACCIDE OR CONTRIB DEATH (notif	UTING C		21E hon etc.	ne, form, foctory, str	(e.g., in or reet, office	obout 21C. WHERE DIE	D R?	(If in Boltimore	City, give	exact location)
EDIC	21 D. TIME OF INJURY	(Month)	(Doy) (Year)	(Hour) 21 E	INJURY OCCURRE	D	21F. HOW DID	INJURY OCC	CUR?		
2	(APPROX.)			Wi		Work C					
	22. I certify	that (M) (t	his hospitol	) ottended t	the deceased from	1	2-16	1968	to 2	-16	1968
		1 '	he decease		2 11		19 68 one		r) (our) opin	nion deot	h occurred on the dote
	and hour of	110				not) viev	the body ofter deo				
	23A. SIGNAT		1			T			1		E SIGNED /
	6 1	DHH	truo	11	OEGRE	Attendi	Med. Director	Staff Phys.		2	-16-68
	23C. PHYSICIA	AN'S Type R	DIAG	EZA	GEGRE	EE!	Clo Lut	herav	Hos		
244	BURIAL CRI	EMATION, 2	48. DATE		AME of CEMETERY	DEGREE OF CREMA	, ,	D. LOCATION		ly, town, o	r county) (Stote)
1	REMOVAL	(Specify)		1968	Woodlawn			Wood.			Md.
25A	Burla.				OF REGISTRAR	G.H	25C, FUNERAL DIRECT		, SBa	lto,	ADDRESS MILL
VE	150-REV 1/1	76B	Violen	D.E. A.	The state of the s		serong 1.	unota	C Hom	e 10 a	in A Human

2215 Rashy Ast 18 7431-11-21 Austra Marcard of Later Com of Marcard Descripting The England clo interior His ATTENDED

11	32				BALTIMORE CITY HE			F DEAT	H REG. NO	68-	- 20:	19
BIRTH NO.	E DECEACED											
(Type or Prin	of DECEASED		KNOT	rs		2. DATE OF DEATH	Known 🖄 Estimoted	Febru	ary 15,	1968	3:15	P. M.
	N BALTIMORE, M					3. DATE	INICED DEAD	Month	Doy	Yeor	Hour	
HOSPITAL	ADDE	OT IN HOSPIT. RESS OR LOCA		ITUTIO	N, GIVE STREET		JNCED DEAD		ary 15,		3:15	
OR INSTITUTI	Johns Ho	pkins	Hospi	tal		A. STATE	ESIDENCE (Who Maryland		ed. If institution B. COUNTY	n: residence	2- O	ssion)
6. SEX	7. RACE		B. MARRI	ED 🗆	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
Male	Whit	e	WIDOW		DIVORCED		Baltimor	e	V	ES X	NO 🗆	
9. DATE OF	F BIRTH	10.AGE (			ler 1 Yr, If Under 24 Hrs.	E. STREET	AND NUMBER					
June	1, 1906	61 X	/a'	Month	Doys Hours Min.		702 Sout	h Broad	way			
	ACE (State or fore		-		TIZEN OF	13. FATHER			7	2.0	- 2	13-10
Tucke	r Co., We	et Vir	rinia		HAT COUNTRY?		Willi.	am Knot	te		fart	a mar feet
14A.USUAL	OCCUPATION (G	ive kind of work	148. KIND	OF BU	JSINESS OR INDUSTR	Y 15. MOTHE			C S			
Mixer	nost of working life, e	even itretired)	Reed	Ave	ry Plant		F1179	beth C	annon			
16. WAS DE	CEASED EVER IN		FORCES	? 11	7. SOCIAL	18. INFORM		DELII O		DDRESS		
(Yes, no or un	known) (If yes, give	wor or dotes	of service)		233-34-0094	Delton	C. Knot	ts. Rou	te 2. P	arsons	. West	· Va.
19.	2011 21	- 0 0	0.9		CAUSE OF DEA		brain a				B 1 - TO - B - B - B - B - B - B - B - B - B -	
-	USEASE OR COM	DITION DIDE	CTIV		encent		with fo			ac I wev	MEEN ONSEL	AND DEATH
D	ISEASE OR CON LEADING 1		CILY				ingitis a					
(A)IMMEDIATE C						OHENON X KA	CKKOEXIK	empy				
RISE	ASES OR CONDITION THE ABOVE CERLYING CONDI	AUSE (A) STA	Y, GIVING TING THE		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				_ 0000000000000000000000000000000000000	
O TO TH	ER SIGNIFICANT CO HE DEATH BUT NO ASE OR CONDITIO	T RELATED TO	THE TERMI					ans same state	00 to 00 00 00 00 00 00 00 00 00 00 00 00 00			
W I	ATE OF OPERATIO	ON 208. CO	NDITION	FOR W	HICH OPERATION W	AS PERFORM	\ED			21. AUTO	OPSY? (Yes	or No)
02										Y	es	
SUNDER	EXTERNAL CAUS RLYING OR CO	NTRIB-		228. PL home,	ACE OF INJURY (e.g., form, factory, street, office	in or obout 2 ce bldg., etc.)	22C. WHERE DIE NJURY OCCUR	(If in Boltimo	re City, give ex	coct locotion)		
	IME (Month) URY	(Doy) (Yeo	r) (Hour	1		T WHILE	22F. HOW DID	NJURY OCCI	JR?			
23.				111.] 170	AI V							
	I certify that I	held an	Inquiry [	]	Inspection . Au	topsy X	ond that on	this bosis,	death in my	opinion		
	resulted from:	Notural car	ses 🗓	Ac	cident Suici	de 🗌 Ho	omicide 🗌	Undetermi	ned manner			
	CTUAL CO	lun	13.	1	and MI		CHIEF MEDICA		$\overline{\mathbf{X}}$		DATE SIG	NED
EX	A SAID IEDIC	Charles	s. sp	rin	gate, M.D.	ASSC	OCIATE MEDICA	L EXAMINER	□ Feb	ruary	16, 19	968
	L CREMATION,	24B. DATE		24C	NAME of CEMETERY	ar CREMATO	DRY 24	D. LOCATION	(City, tov	n, or county	(St	ote)
REMOVAL		2-19-	1968	5	Sugar Land C	emetery	7	Hamble	ton, We	est Vir	ginia	
	rial REC'D BY HEALTH	DEPT.	258. N	AME	DF REGISTRAR		FUNERAL DIREC	CTOR		ADDRESS		
	21 1968	Robert		and	ey Mil		oard H. H		4107 W	Vilkens	Ave.	2122

all-2 - - in he south, taken to see out, intervel. the different party of the second of the sec

2 0110		HEALTH DEPARTMEN		0000
1-240 68- 3	020 CERTIFICA	TE OF DEATI	H REG. NO	68- 2020
IRTH NO.			E AND HOUR OF DEATH	
ype or Print COGSWELL, I	-OTTIE A.		2/17/68	3 40 A. N
. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		Where deceased lived, if OUNTY	institution: residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAN Z		SIDE CITY LIMITS!
11		BALTIMO		YES NO
BON SECOURS HOSPI	TAL	E. STREET AND NUMB	ER	
				57.
SEX 6. RACE WIDOW	INEVER MARKIED	8/26/99	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 108. KINE		11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTR
Retired Laun	dry Worker	MARY 14. MOTHER'S MAIDEN	LAND	USA
FATHER'S NAME				
AUGUST WAGNE	R		TOOLE	
es, no or unknown) (If yes, give wor or dates of servi	security No. 215-24-1673	Mrs. Thomas	ina Jones, 97	4 Regina Drive more, Md.21227
18.	CAUSE OF DEATH		7)	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH		Malnuly	uterin Ca	6
(This daes not mean the made of dying,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:		
hearl failure, asthenia, etc. Il means the dise- injury at complication which coused deoth.)	ase, meta	o Casis of	uteun Ca	,
ANTECEDENT CAUSES		0		
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stoting	'iiig	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	***************************************		
174X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIL				
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000004074747777777777777777777777777			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B, IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in hame, form, foctory, street, off etc.)			ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
(APPROX.)	While At Not While			
	Work L At Work		3.4	5a.m /1/2/280
22. I certify that (I) (this haspital) attended		3/68		
that (1) (we) last saw the deceased alive	an 2/1/68 3	45019 m or	nd that In(my) (aur) as	oinian death accurred an the da
and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) v	ew the bady after de	ath.	
23A. SIGNATURE				238. DATE SIGNED
Mondmad	Atter Phys	ding Med. Director	Staff Phys.	2/17/68
23C. PHYSICIAN'S NAME (Type)	M.D. 2	Bon Se Car	us Hospe ?	
	C. NAME of CEMETERY OF CRE		/	City, town, or county) (State)
Burial 2-20-1968	Loudon Park Ceme	etery	Baltimore, Ma	ryland
	ME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
		Howard H. H	lubbard, 4107	Wilkens Ave. 21229
E 150 DEV 1/1//P				

E 2 121-275 X 1-2 3 And the state of t

A A Character to the second section as a contract to the contr

		HEALTH DEPARTMENT	6	8- 2021
5-35 68-3	021 CERTIFICA	TE OF DEATH	REG. NO.	O MANAL
I. NAME OF DECEASED			HOUR OF DEATH	
	BERT M.	Feb	16,1968	300 P.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	1	on: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MD. BA	LTO. CIT	7 12-60
HOSPITAL OR ADDRESS OR LOCATION)	HUSPITAL	C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?
1///		BALTU.	YES	NO 🗌
44 BALTO, My	. 21218	E. STREET AND NUMBER	ILL FORD A	418
,				100 / 10
10	HED NEVER MARRIED	3-16-11 9.	AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
V WIDOV		3-16-11	36	
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	NA, CORK, 5	11. BIRTHPLACE (Stote or foreign	Country)	CITIZEN OF WHAT COUNTRY!
MACITINIST COST	Seac	NIKGINI	14	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
GEORGE SNY	1 CE	IDA. B.	BCAGG	
5. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknowh) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 5. 15	ADDRESS I ALL AND
INKNOWN	224013749	MRS. RUB	HELDS	SWED SPRING
18. 16. 1	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0,	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE PNEUMOI	VIA	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) ADEN	DCARCINOM	Ot	
DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF	~ ~	
rise to the obove couse (A) stoling UNDERLYING CONDITION last.	(C)	GAU BUR	DUEK	
133,1	Đ,	2 De losselle	)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		onerus -	-	
19A- DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	JAUNDICE	76 S		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, farm, factory, street, of	fice bldg., INJURY OCCUR?	(It in Baltimore City	, give exoct location)
U C	etc.)			
21D.TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	,
(APPROX.)	While AI Not While At Work	7.1.0	10 2/	11 10
22. I certify that (1) (this haspital) attend	ed the deceased from	19/68 19	lex 10 2/	16 1960
that (1)(we) last saw the deceased alive	an 2/15	15 68 and that	in my (aur) apinian	death accurred an the date
and haur and fram the causes stated abov	^			
23A LIGNATURE			[23B.	DATE SIGNED
Wellen hour	Dh.	nding Med. S	hoff hys.	tel 11. 1968
23 C. PHTSICIAN'S	OE GREET	23D, ADDRESS		1
NAME (Type)		Wun (Mu	eurial 1	Harrital
Dr. P. Dickerson Jone	OEGREE	MATORY ON MAMOR	Alon Hospital	wn, or (Stote)
REMOVAL (Specify)				
	MOSSY CREEK CHUI		SOLON, VIRGIN	
25A. DATE REC'D BY HEALTH DEED ST. NO.	NE OF EGISTAL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	JERAL HOME	/4107 WILKENS
		HUBBARD	COIL HOME	√^AVE.
VS 150-REV, 1/1/6B		7 0		

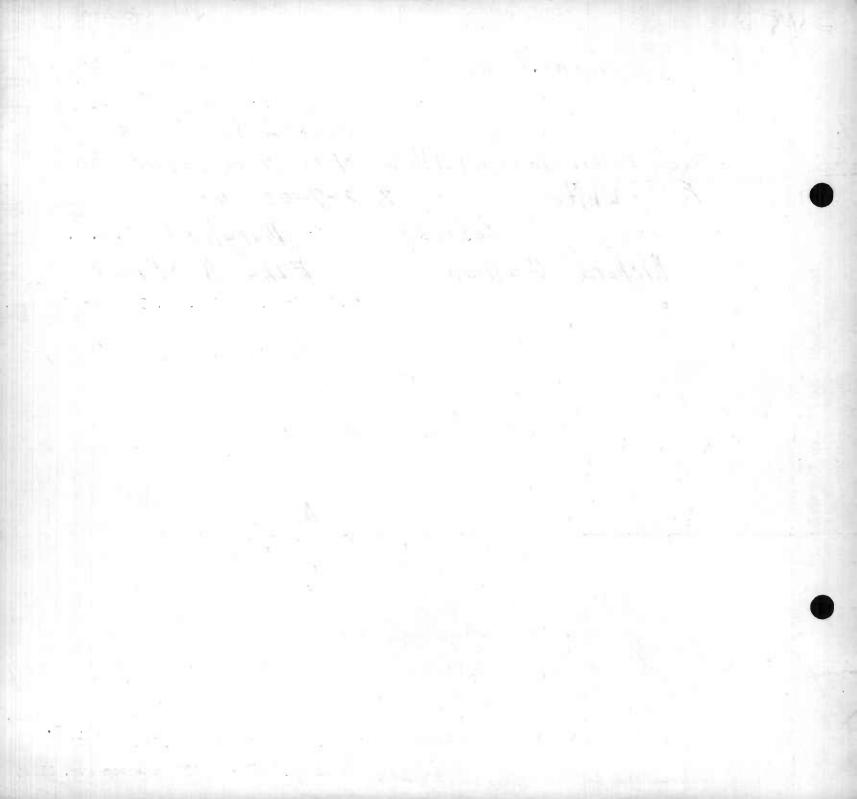
5207 GUILFORT ANG ET 1-3-16-11 56 W M MACHINIST OFFICE VIEGILIA USA GERRGE SUTTLES DA B. BLAGG WHAT PURE PURE THERE THERE ALM MILLA ADDITIONALLISM BF GAW BEAMBETE JAMES YES 89/5/2 Use Muchon Hall [ TI 701%

written approval must be obtained before the remains are embalmed or final disposition is made.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a nospital and

FUNERAL DIRECTOR: IMPORTANT

	N . D .	BALTIMORE CITY	HEALTH DEPARTMENT	66 0000						
	A-621	OO CERTIFICA	TE OF DEATH REG. NO.	68- 2022						
	BIRTH NO. 68-20	JZZ CERTITION								
	Type or Print) Edna K. arc	hbell	2. DATE AND HOUR OF DEA	10 ,10 2						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased fived. A. STATE 8. COUNTY	Vinstitution: residence before odmission						
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN D. (	NSIDE CITY LIMITS?						
4		Hospital	Baltimore  E. STREET AND NUMBER:	YES NO NO						
9	The grant contents		3115 Crittenton	Place						
mad	Female W WIDOV	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9, AGE (In years lost birthday)	Months Doys Hours Min.						
.5	10A. USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. PARTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
fion	done during most of working life, even if retired)		Maryland	USA						
disposition	13. FATHER'S NAME	2	14. MOTHER SMAIDEN NAME Elizabeth Or	158						
	5. Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS						
final	(Yes, no or unknown) (If yes, give wor or dotes of servi	517-10-928	2 Chart							
or f	18. / 6 2 . / 1	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY	Reso	iratorn Arrest	i 5 M						
balmed	LEADING TO DEATH	(A) IMMEDIATE CAL	SE	13/1/10						
5	(This does not meen the mode of dying, heart foilure, aslhenio, etc. It means the dise		A CONSEQUENCE OF:	Marie Control						
d m	injury or complication which coused death.)	Anna.	oma of lung & m	etactares						
0	ANTECEDENT CAUSES	(B)	Q	CIA SIASES						
are	DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) sloting	ing DUE TO, OR AS	A CONSEQUENCE OF:							
us o	UNDERLYING CONDITION lost.	(c) Carc	in malisis massive							
ā.	163X II									
8	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION									
re	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).									
e the	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Not 20B. IF YES, WI IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?						
befor	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)		imore City, give exact location)						
	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
ained	(APPROX)	While At Not While Work At Work	€ 🔲							
bta	22. I certify that HT(this haspital) attend		9/11 1968 10 -	2/13/68 19 ,						
pe o		that (H) (we) last saw the deceased alive an 2/3 1968 and that in (my) (aur) apinlan death accurred an the date								
	and have and fram the causes stated abav	e, (1) (We) (did) (did not)	lew the bady after death.							
must	234. SIGNATURE	101		23B. DATE SIGNED						
	A. J. Oldragel	OEGREE Phy	nding Med. Staff Staff Phys.	13 Feb 68						
DAO	Z3C. PHYSICIAN'S NAME (Type)	OE GREET	23D. ADDRESS	1 Wantel						
approval	J. J. OLDRO;	C. NAME of CEMETERY OF CR	Margian Gener	(City, town, or county) (Stote)						
	REMOVAL (Specify)									
written		WESTLAWN	CEMETERY ELIZABE 25C. FUNERAL DIRECTOR	TH, M.C.						
ir.		La Sey Ma	25C. FUNERAL DIRECTOR	ADDRESS						
\$	VS 150-PEV 1/1/68	ACCUSED LOS	James M. Freelds	15 alt. The.						
	VS INII-MEV I/I/AR									





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of death Deceased

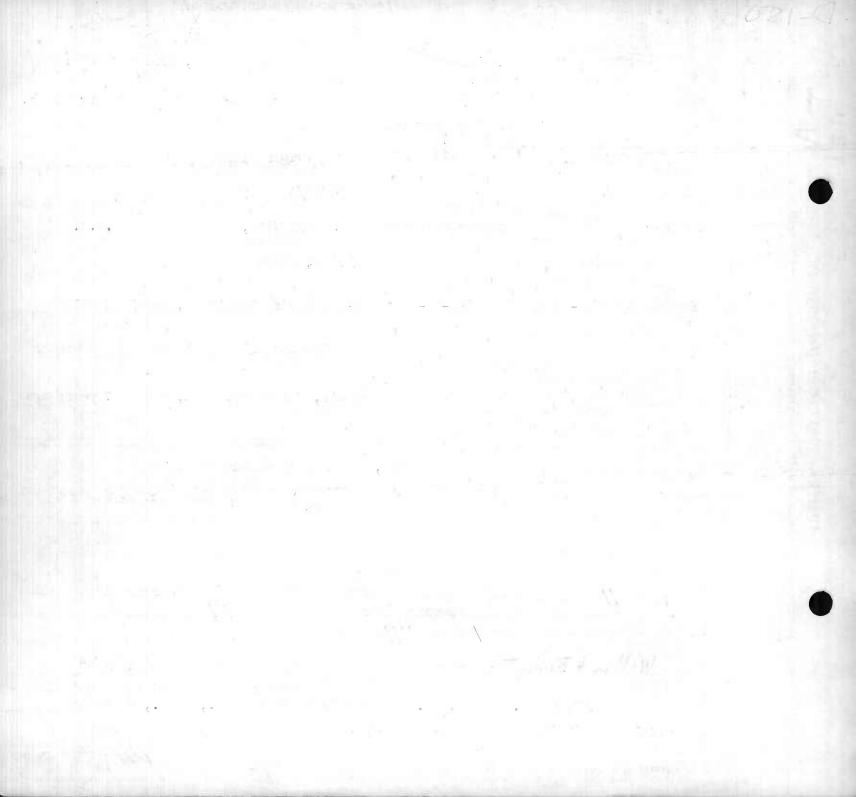
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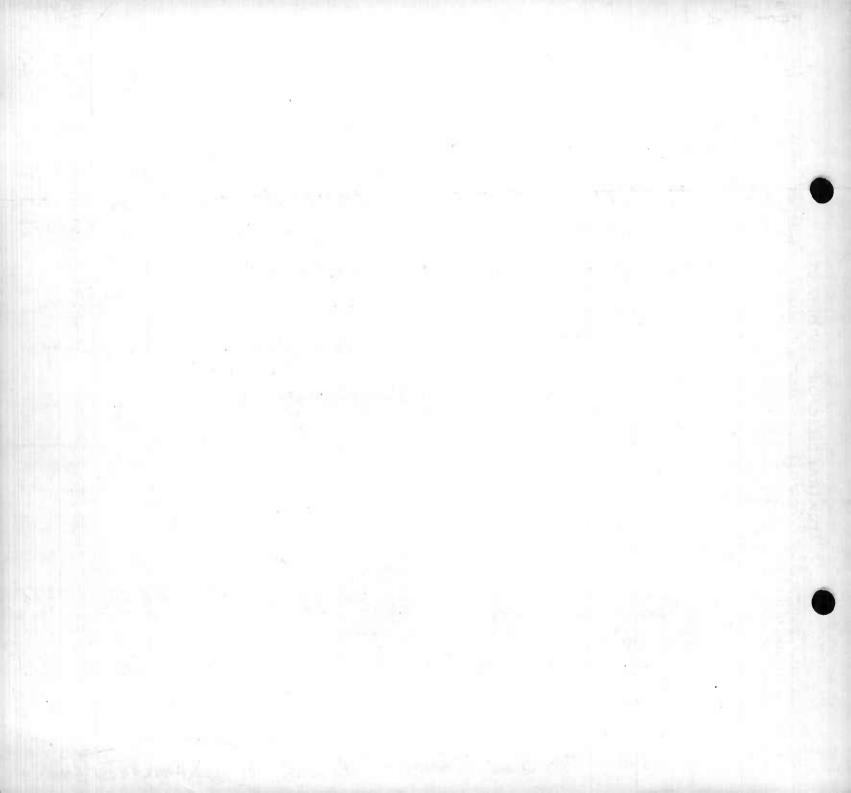
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cause; (5) cause



VS 150-REV. 1/1/68



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	H NO.	FASED							DATE AN	ND HOUR OF	DEATH			
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HO	L NAME OF	ADE	RESS OR LOC	ATION)	AZ III O II ON	, GIVE SIKEEI		ORTOWN			D. INSI	DE CITY LIMITS	3	
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			ITE	WIDOV		DIVORCED		2-20-19		449		12, CITIZEN	OF WHA	CO
	during most of	working life	, even if retired)											-
	House			Owr	n Hom	е		mingha				USA		
13. F	ATHER'S NA	ME					14. MO	THER'S MA	IDEN NA	WE				
	HUGH							MARIA	N SHE	LBY.				
			J. S. Armed Fo		ice) 1 6. S	OCIAL ECURITY NO.	17. INFO	DRMANT				AD	DRESS	
	no		1				W.	Shelby	y Wa:	lthall	Oa	kland,	Mar	yl
	18.	2 0	1			CAUSE OF DE	ATH					AP	PROXIMAT	INT
	heart failure, injury ar con	nal mean asthenia, application ANTECED OR CON e abave	the mode a etc. It means which caused ENT CAUSE DITIONS, if cause (A)	f dying, s the dise d death.) S	ving	(B) GET	VERA	LIZE SEQUENCE C	D DF:		1001	ANEHVA NATOSIS UTERUS	1	+
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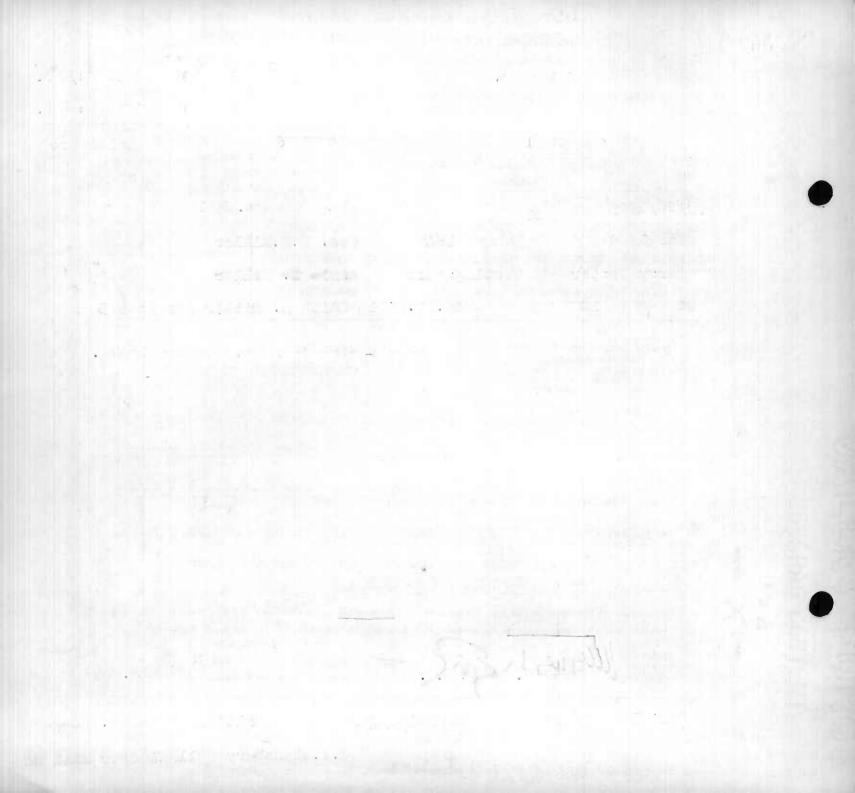
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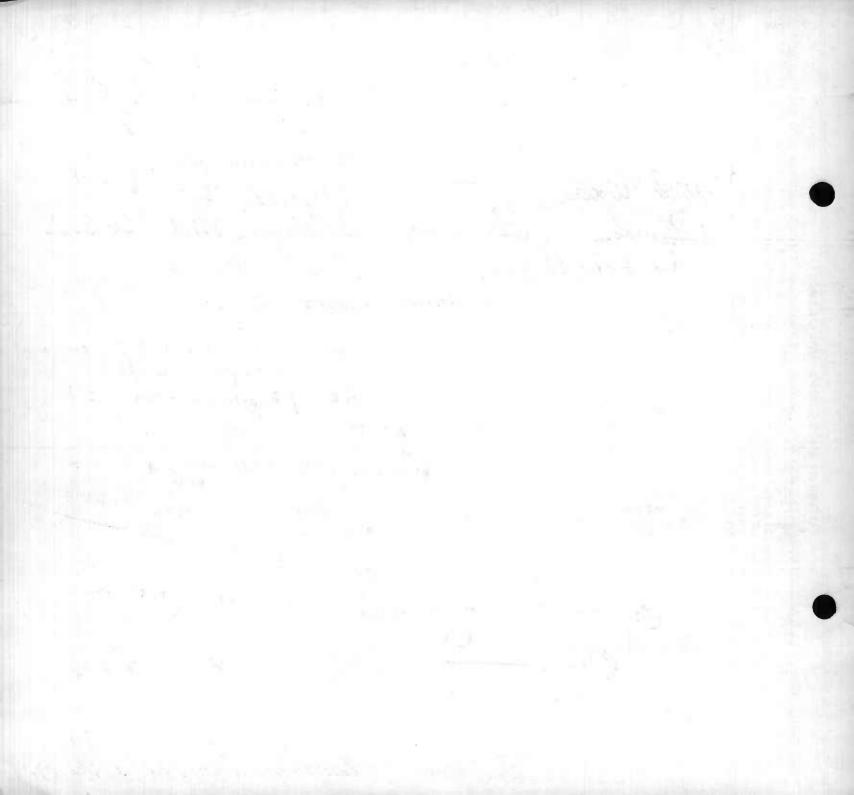
68- 2028 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 2028

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Melvin Miller Sr.	2. DATE Known Manth Pgy 1968 7:24 P. M. DEATH Estimoted 1
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD 2 17 1968 7:24 P.
OR INSTITUTION  Sinai Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATEMARY land B. COUNTY Baltimore
6. SEX 7. RACE WIDOWED DIVORCED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
9. DATE OF BIRTH 3/28/1905 10. AGE (In years   Il Under 1 Yr. If Under 24 Hr Monihs Doys Hours Mir	s. E. STREET AND NUMBER
11. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COSMTRY?	13. FATHER'S NAME Geo. M.B.Miller
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	Annie T. Keller
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Mor unknown) (If yes, given or doles of service)	Ol Edith A. Miller Ame as # 5
(A) IMMEDIATE  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	io-sclerotic cardio vascular dise; se.  R AS A CONSEQUENCE OF:  R AS A CONSEQUENCE OF:
DX.	WAS PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	p., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) INJURY OCCUR?  22F. HOWDID INJURY OCCUR?
23.  I certify that I held an Inquiry Inspection Accident Suice  ACTUAL III A.A. A.C. ACTUAL	and that on this basis, death in my opinion
24a. Burial Cremation, 24b. Date 24c. Name of Cemeter 2/21/68 Lorraine	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	J.T. Stansbury 6411 Windsor Mill Rd



7.	68- 2029 BALTIMORE	CITY HEALTH DEPARTMENT
	CERTIFIC	CATE OF DEATH REG. NO. 68- 2029
	TH NO.  AME OF DECEASED	2, DATE AND HOUR OF DEATH
	e or Print) ALBERT GERARO G.	ERAPO 2-17-68 7 P.
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution residence before admissi
		A. STATE B. COUNTY A Land
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN / D. INSIDE CITY LIMITS?
INS	TITUTION /	Hand Frank Md, YES ENO
	27 MERCY HOSPITAL	E. STREET AND NUMBER
	9/	700 Choslytim It.
S. S	Male 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	= 9/10/1001
104	USUAL OCCUPATION (Give kind of work 108, KHND) QF BUSINESS OR INDU	
	during that al working life, even if retired)	Baltimore Md. CUS. A.
13.	PATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frank a Sugar	South Mary B.
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT
(Te	s, no ar unknown) (Iff yes, give wor or dotes of service) SECURITY MD.	Pitt CA 1 1/2 of D. MI
	CAUSE OF C	FATH APPROXIMATE INTERV
	14.10,1	BETWEEN ONSET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	sur maxive resiration testing 5-10 min
		B AC A CONSEQUENCE OF 1
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	has a consequence or to resperatory arrest
		1- 45 12 A 1 1 2 day
	(B)	TRAS A CONSEQUENCE OF: 10 Colors
		· ·
	UNDERLYING CONDITION last. (C)	CVV
	420.1	
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Anna 70 to Elabler stones 2
ATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	5763
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTI	X nene	323 425
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, street	e.g., in or obout 21 C. WHERE DID ((If In Baltimore City, give exect lacotion) et, office bldg., INJURY OCCUR?
CAL	DEATH (notify medical examiner) etc.)	
DIO	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
8		While Work
	Work - At	
	22. I certify that (I) (this hospital) attended the deceased from	39
		17/68 19 and that in(my) (our) apinlan death occurred on the
	and haur and from the causes stated above. (1) (Wé) (did) (did r	
	23A. SIGNATURE	23 B. DATE SIGNED
	( Neamon Degree	Attending Med. Staff Phys. Staff
	23C.PHYSICIAN'S	23D. ADDRESS
	NAME (Type) F. B. CANON, MD.	
0.4	0	CREE CATION (City town or county) (State
244		
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	OCCEMATORY 24D TOCATION (City, town, or county) (State
	A. CURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify) 2/3/64 Dalling  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
	REMOVAL (Specify) 2/3//68 Balam	OCCEMATORY 24D TOCATION (City, town, or county) (State



VS 150-REV. 1/1/68

in akarda H. Abrah in Shiring The sector follows: hussing white supare AL FILL WIT

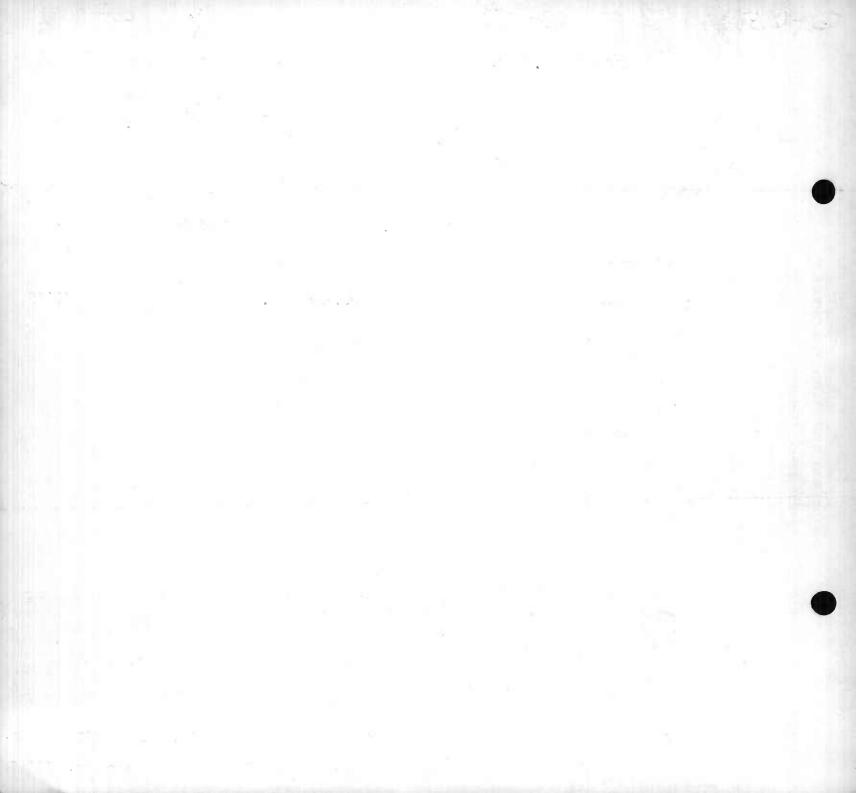
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

death IMPORTANT FUNERAL DIRECTOR: approved

VS 150-REV. 1/1/68

C. CITY OR TOWN Brooklyn Park INSIDE CITY LIMITS? NO A If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? ().S.A ADDRESS 3,44.10TV APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (aur) opinion death occurred on the date (City, tawn, ar caunty) (Stote) A A Co. Glen Burnie, Md. 21061 ADDRESS 237 Patapsco Ave. 21225



VS 150-REV. 1/1/68

San Barella Ret al, t das 

ter mid a brain for l'ori varie prince. Ye

P-620

VS 1S1-REV. 1/1/68

68-2033 BALTIMORE CITY HEALTH DEPARTMENT

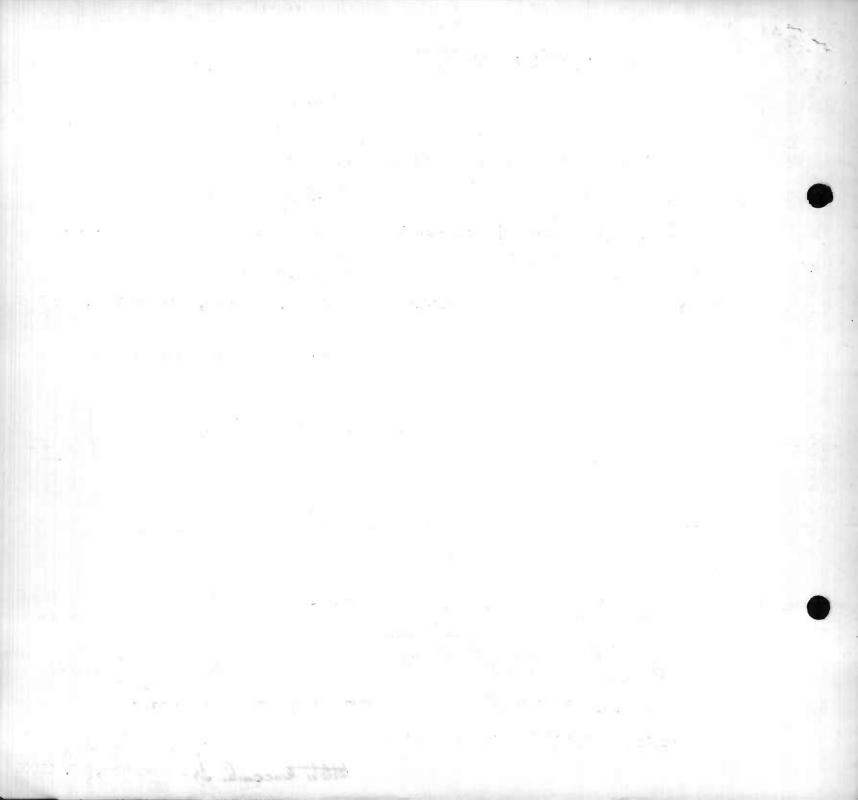
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 2033

BIRTH NO.				KEO. 140.1	
PORT MOND farry	Parks	2. DATE Known OF DEATH Estimote		Doy	18 Hour LOP M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DE	AD Month	Doy 17	62 Guop
OR INSTITUTION 2044 Walbru	okst.	5. USUAL RESIDENCE A. STATE	(Where deceosed li	ved. If institution: B. COUNTY	residence before odmission)
6. SEX 7. RACE 8. MARRIEI WIDOWEI	D NEVER MARRIED DIVORCED	C. CITY OR TOWN	0	D. INSIDE CIT	Y LIMITS?
9. DATE OF BIRTH 10. AGE (In years lost birthes) 4/	F Under 1 Yr. If Under 24 Hrs. onths, Doys, Hours, Min.	E. STREET AND NUM	+ Wat	13 1	,
11. BIRTHPLACE(State or foreign country) 12	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME TOSHUA	PARKS		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND Codene during most of working life, even if retired)	OF BUSINESS OR INDUSTRY				
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	ELVA PL	OWMAN		DRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	ETHEL K	POPEK	AD	DRESS
19. 4-129	CAUSE OF DEAT	Н	(		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	arti	erio sule	ratic 1	panha	2
(This does not mean the mode of dying, e.g.,	(A)IMMEDIATE C	AUSE	MAN	100	Disease
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	D		· Vivsec	u con	siseau
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)(C)	AS A CONSEQUENCE OF			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR					
20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION WA	AS PERFORMED			21. AUTOPSY? (Yes or No)
▼ 22A. EXTERNAL CAUSE WAS 22	B.PLACE OF INJURY(e.g.,	in or about 22C WHERE	DID (If in Boltimo	re City give exac	No
UNDERLYING OR CONTRIB-	me, form, factory, street, office	bldg., etc.) INJURY OC	CUR?	e city, give exoc	, , , , , , , , , , , , , , , , , , , ,
≥ 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	22E. INJURY OCCURRED		ID INJURY OCC	JR?	, , , , , , , , , , , , , , , , , , , ,
(APPROX.) m		ORK			
I certify that I held an Inquiry	Inspection 🛣 Aut	topsy and tha	t on this basis,	death in my c	pinion
resulted from: Natural causes	Accident Suicid		1	ned manner	
ACTUAL MALL OF C	Zan		ICAL EXAMINER		PATE SIGNED
SIGNATURE MUNICIPALITY	m (m)		DICAL EXAMINER	× 2.	18-62
EXAMINER'S NAME (Type)	N.Spit	ASSOCIATE MED	OICAL EXAMINER		C
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	ar CREMATORY	24D. LOCATION	(City, town,	or county) (State)
BURIAL 4/20/68	LORRAINE			. Co.	ML.
F 1000 0	WE OF REGISTRAR	2SC. FUNERAL D		AD	DRESS
EEB 21 1968 Res	E. Farbains	E, 5. M.	ACIVABI	B CAT.	DASVILLE MI

A LA X TO M. some states of 4 Sandy State State 

1		١
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

11-51/ 68- 2034 BALTIM	ORE CITY HEAD	TH DEPARTMEN	T	/ 00	0004
	IFICATE	OF DEATH	H REG	NO	- 2034
T, NAME OF DECEASED G. Straley, Umbarger Um BARC	GER		2/18/68	7	4 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. U		Where deceased I	ived, if institution; re	sidence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION) NSTITUTION		MARYLA.  TY OR TOWN	WD	D. INSIDE CITY LIF	MITS?
NSIII O II O II	1 9	BEL AU	0	YES	NOX
+ Union MEMORIAL H	OSP E. ST	REET AND NUMBI	Box 6	<u> </u>	12-00
SEX 6. RACE 7. MARRIED NEVER MAR	RRIED 8. DA	TE OF BIRTH 3/4/10	9. AGE (In y last birthdoy)	ears If Under Months	1 Yr. If Under 24 Hr Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR	Partie .	RTHPLACE (State or	fareign cauntry)	12. CITIZ	EN OF WHAT COUNTR
done during most of working life, even if refired)  FARMER& Mechanic Farm-Mach	hinery	IRGINI	A		U.3.A.
3. FATHER'S NAME	14. M	OTHER'S MAIDEN	NAME		
GEORGE C. UMBARGER	0 /	611150	- 1 nins	ES	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. IN	FORMANT	V BIII	63	ADDRESS
(Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY		7 - 37 7	full answers	Ohman aharri 7	le Marriand
No 216-16-6	2069 W	orley N. U	moarger,	Churchvil	le, Maryland
injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.  (C)	TO, OR AS A CO.	NSEQUENCE OF:	rhas		
(c)					ÍA
O THE DEATH BUT NOT RELATED TO THE TERMINAL					100
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1985. CONDITION FOR WHICH OPERAT WAS PERFORMED	rion 20	A. AUTOPSY? (Yes	IN CERTIF	S, WERE FINDINGS YING CAUSES OF E	CONSIDERED DEATH?
U   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJ OR CONTRIBUTING   CAUSE OF hame, form, foctory etc.)	URY (e.g., in ar ab	out 21C. WHERE DI	D (If i	n Baltimore City, give	exoct locotian)
21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCU	Nat While At Wark	21F. HOW DID	INJURY OCCUR	?	7
22. I certify that (N (this hospital) ottended the deceased that (1) (we) lost sow the deceased alive on 9		1/3 19 68 an	19 68 ta		h occurred an the do
and hour and from the couses stated above. (1) (We) (did) (	<del>did no</del> t) view t	ne body after de	oth.		
111. 11 11/10/61	Attending Phys.	Med.	Shaff Phys.	23 B. DAT	18/68
23 PHYSICIAN'S NAME (Type)		DDRESS	EMODIA	11000 177	
DR W.H. OEHLERT // 24A. BURIAL CREMATION, 124B. DATE   124C. NAME of CEMET	DEGREE I HE	UNION M	EMORIAL D. LOCATION	HOSPITAL (City, town, o	r county) (Stote)
REMOVAL (Specify)					
Burial 2/20/68 Bakers Ceme			berdeen,	(Harford)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ma   25	telote was	0 1	rring Fune . Aberdee	n, Md. 2100]



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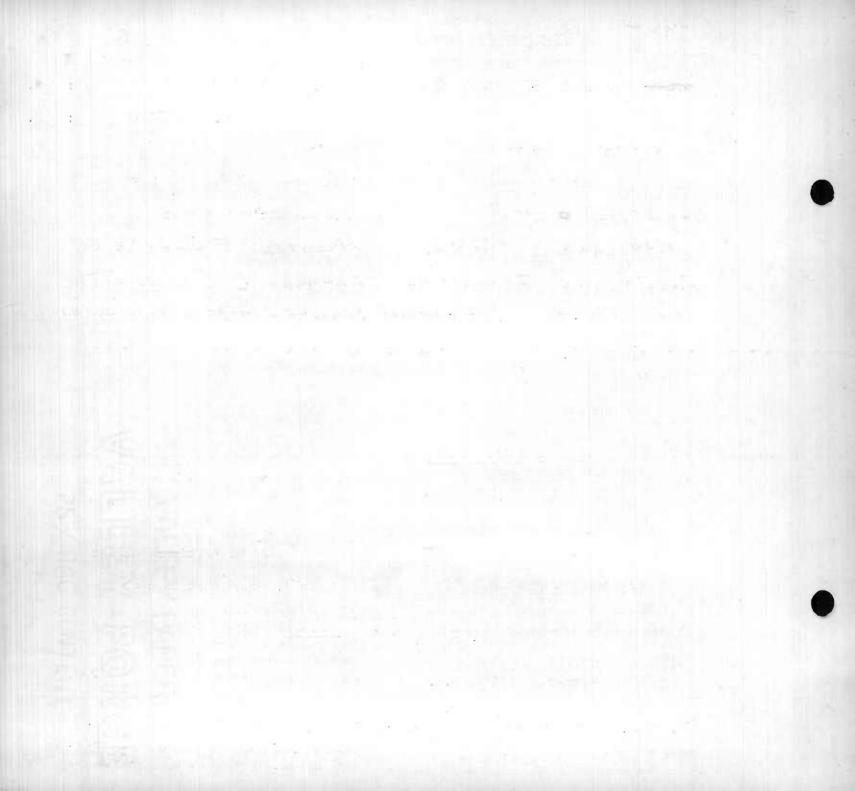
68- 2035 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REGINO. 68- 2035
BIRTH NO.	KEG NO.
J. NAME OF DECEASED	2. DATE Known Month Doy Yeor Haur
(Type or Print)  Audrev L. Green	OF DEATH Estimoted 2 18 1968 12:15 AM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 2 1968 12:15 A.
City Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
.31	A. STATE Maryland  B. COUNTY BALTO
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
F WIDOWED DIVORCED	Baltimore S No B
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	
2/11/24 lost birthdow) Months, Doys, Hours, Min.	278 HOLLY NECK RD.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
5 A. WHAT COUNTRY?	REYNOLD. SMITH
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)  HOUSEWIFE	JENNIE HORNBUCKLE  18. INFORMANT  ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO. 2.15-24-85	96 HARRISON EREENE ABOVE
19. / CAUSE OF DEA	
CAUSE OF BEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Garcine	oma of lung.
LEADING TO DEATH	
(This does not mean the made of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
Z (C)	
F / 63 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
0	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bldg., etc.)
TING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE (
m. WORK AT	NORK .
23.	
I certify that I held an Inquiry Inspection A	utopsy and that on this basis, deoth in my opinian
resulted from: Notural couses Accident Suici	de Nomicide Undetermined manner
A	CHIEF MEDICAL EXAMINER
ACTUAL 1/1/2 1 5	DATE SIGNED
SIGNATURE MILEN M.I.	ASSISTANT MEDICAL EXAMINER Febr. 18/1968
EXAMINER'S Werner U. Guitz, M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify)	00000
BURIAL 2/21/68 OAK LAI	WN BALTO, MP.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 21 1968 ( 0 1 & Falleura	J.G. CONNELLY SONS 300 MAC
VS 151-REV. 1/1/6B	0,000
70 101 NLT, 1/1/00	V

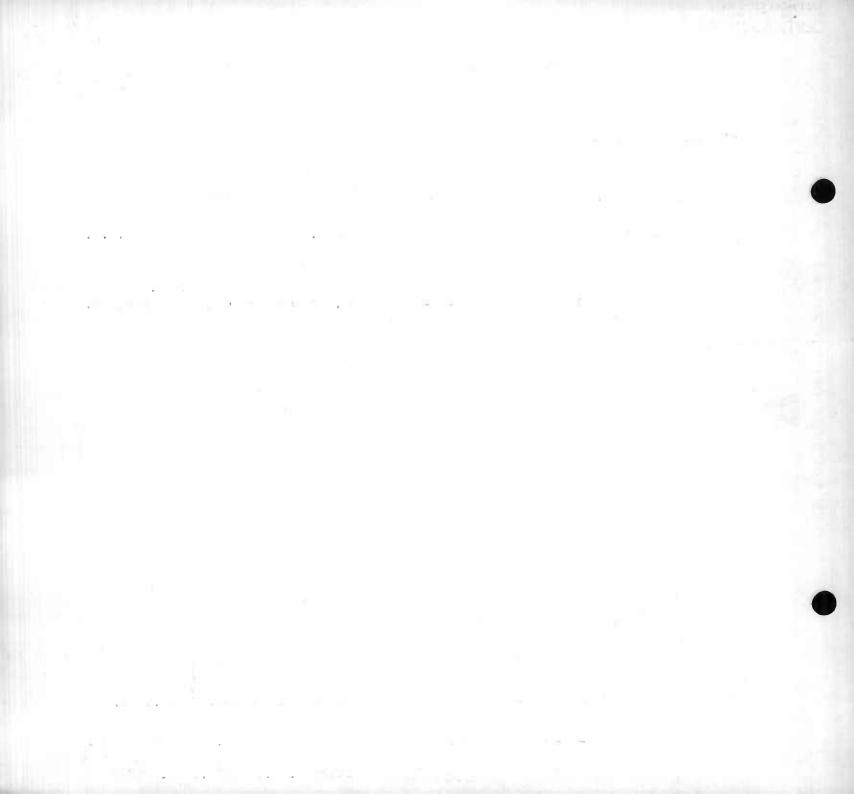
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M-	425	68- 2036 CERTIFICATE OF DEATH REG. NO. 68- 2036
1.1	56656	BIRTH NO. BIRTH NO. 68-2036
	f death ecease on the	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH (Type or Print)
	f d ece on h.	Grover C, Mullineaux 2-18-68 1.75 Pm.
	0 0 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	hos use ; (5) dand	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
	0 0 0 0	INSTITUTION D. INSIDE CITY LIMITS?
	E _ 3 + L /	E. STREET AND NUMBER
	ed i ting d ca d ca prio	Trangland General Hospital 3320 Croydon Rd 53000
	rye o b	5. SEX   6. RACE   7. MARRIED   B. DATE OF BIRTH   9. AGE (In years lost birthdoy)   Months; Days Hours   Min.
	occurr ontribu ermine regula eased is mad	WIDOWED DIVORCED 2-11-92 76
	th collete	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	or and de de	retired (WOODLAWN) U.S.
	os os	13. FATHER'S NAME
	direct or c f. (4) Under th was in in the decidishosition	Richard Mullineaux Louise Loos
Z		15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT WITH HELEN K. Mullin Eaux, 2120
E	the the dear	No - 212-10-4492 tattent 3320-Chouden Rd. Botto Md
IMPORTAN	if if if don dor for for for for for for for for for f	18. 15 7. 9 1 CAUSE OF DEATH
AP	W . O O E	DISEASE OR CONDITION DIRECTLY
≤	Also re of noun after	(This does not mean the mode of dying, e.g.,  (A)IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
ä		heort foilure, osthenio, etc. Il meons lhe diseose, injury or complication which coused death.)
Ö	- E B - D E	ANTECEDENT CAUSES Moloslose
5	8 5 4 5 0	DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:	exc exc (3) / n w in s	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.
0	7 7 5	
-	D .= L S 3 F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
UNERAL		IO THE DEATH BUT NOT RELATED TO THE TERMINAL  4 DISEASE OR CONDITION GIVEN IN PART 1 (A).
7	70 0 0 C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	0 × m + × p	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
1	+ 7 0 0 0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	ST ST N	
	pt at (6)	₩ OF INJURY  While At Not While
	0 0 -	Work At Work
		22. I certify that (I) (this hospital) attended the deceased from 2 1968 to 2 - 18 1908 that (I) (we) lost sow the deceased alive on 2 - 18 19 and that in (my) (our) opinion death occurred on the date
	of of of all (h);	
	ased dent ospited deat	ond how ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE  23B. DATE SIGNED
	5 6 5 5	Attending Med. Staff
	L	23C. PHYSICIAN'S  23D. ADDRESS  23D. ADDRESS
	certificate sody was r vs: (1) An a D.O.A. at assed prior	NAME (Type)
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. COCATION (City, town, or county) (Stote)
	body ws: (I D.O Base	Busial FEB 22.68 Mt. Olive, Randallstown, Md.
	" - 3 " 0 +	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	This the k show was dece	CER 21 1968 DO RS Fromma Koning Byers 8728 Riberty Wood
		VS 150-REV. 14768 2 1 1908 (Candall storon MC)

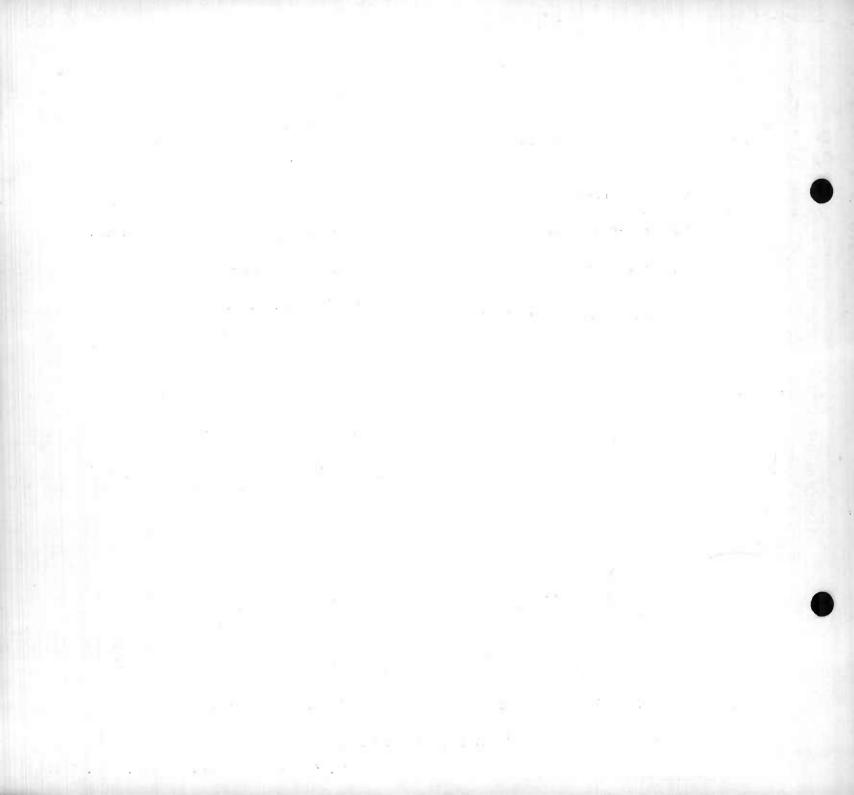
VS 151-REV. 1/1/6B



	CE OF DEA		TR	1661		2-18-68	1 A.
FUL	OL OF DEA	THE IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE ( A. STATE B. C	Where deceased lived. If	institution: residence before odmissio
	LL NAME OF	F (If not in hospito oddress or locoti	or institution, on)	give street	c. city or town	BALTIMON Il outside city limits, writ	e RURAL and township)
5.	T. AU	INES HO	SPIT	AL	D. STREET ADDRESS 109 N. ROC		Rd 07
5. SEX	965	6. RACE	WIDOWE	RR/Ed	8. DATE OF BIRTH  8-26-94	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. U	SUAL OCCU	JPATION (Give kind al wo working life, even il retired)	rk 10B. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
12	Retir	ed			Bal to.	NAME	U.S.A.
	THERS NAM						
		Tribby Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	Rosa Tribby		a SZARDON
Yes, no	o or unknown) 768	(II yes, give wor or do		SECURITY NO. 220-09-3619	Mrs. Frances		N. Rock Glen Road timore, Md. 21229
1 B	4/1	0.0 IY-/	61,9	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION D LEADING TO DEATH		(1)	assive my	cardial	minutes
		of mean the mode of osthenio, etc. It mean			infarct	in cardi	- William Virginia Contraction of the Contraction o
in		plication which cause		(B)	Herestern	in cardi	o years
_		R CONDITIONS, if		DUE TO	Vancular	discore	
ri	se lo lhe	obove couse (A)			CALARYI	A. X.	Ч.
		CONDITION lost.					
2 7	O THE DI	FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO TI	IG HE			
	A. DATE OF	OPERATION 198. CO	NDITION FOR RFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
0 21	R CONTRIBU	TING CAUSE OF	21 ho etc	me, lorm, loctory, street,	in or obout 21 C. WHERE DI office bldg., INJURY OCCU	D (II in Bolting	note City, give exact location)
0 21	D. TIME F INJURY	(Month) (Doy) (Year		E. INJURY OCCURRED		INJURY OCCUR?	
< (A	(PPROX.)			hile At Ork Not Wi	k /		- 12 17
				the deceased from	1149 16	190 6 to	91 196/
th	nd hour grad	lost saw the deceos	sed olive on. oted obove.	(1) (We) (did) (did not)	view the body ofter dec		plnion death occurred on the de
23	A. SIGNATU	Englin	nan	000 M.D. A	ttending Med. Director	Stolf Phys.	FCB 19, 1968
23	NAME (T)	ypel V	0000		23D. ADDRESS	A	162
24A. I	BURIAL CREA	Henry Arm		M.E		Avenue, Bal	(City, town, or county) (State)
-	REMOVAL (S	ipecily)					
1	urial	2-21-6	M M	eadow Ridge C	emeterv	Balto. (Ho	ward C) Md.



VS 150-REV. 1/1/6B



Such

	BALTIMORE CITY	HEALTH DEPARTMENT	68- 2040
	68- 2040 CERTIFICA	TE OF DEATH REG. NO.	00 2040
IRTH NO.	CERTIFICA	2. DATE AND HOUR OF DEA	***
NAME OF DECEASED			0
WALTER ASHL		FEBRUARY 20, 1	
. PLACE IN BALTIMORE, MARYLAND	), WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. A. STATE 8. COUNTY	it institution; residence before odmission
ULL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION, GIVE STREET	Maryland	0 00
OSPITAL OR ADDRESS OR L	OCATION)	C. CITY OR TOWN D. I	INSIDE CUY LIMITS?
1416 Kingsway Ro	ad	Baltimore	YES XX NO
Baltimore 18, Ma	ryland 21218	E. STREET AND NUMBER	
		1416 Kingsway Road	
SEX 6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hr.
Male Cau.	WIDOWED DIVORCED	Nov. 7, 1890 77 Yrs.	Months Doys Hours Min.
	work 10 8, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTS
one during most of working life, even if retir	red)		TI COA
Eles. Eng.	Western Electric	Mass.	U.S?A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Hallid	lay	Isabella Carter	
Was Deceased Ever in U. S. Armed	Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(If yes, give wor or	dotes of service) SECURITY NO.	Mrs. Gladys Halliday,	Same as # 4
10	213-03-3023	His. Gradys Harriday,	banie as n -r
18.4 10,4 4	CAUSE OF DEAT	H	BETWEEN ONSET AND DEA
DISEASE OR CONDITION	DIRECTLY		
LEADING TO DEA	ATH CALL	1 Margara 1: 1 Dans	dia Annedest
(This does not mean the made	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	cran s
heart failure, asthenia, etc. It me	eans the disease,	A CONSEQUENCE OF:	
injury ar camplication which cau	ised death.)	•	
ANTECEDENT CAU			
DISEASES OR CONDITIONS,	if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obave cause	the state of the s		
UNDERETHING CONDITION TASI.	· (C)		
4201/ II	$\Lambda$		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN		inage of Frostrate	- Juns
DISEASE OR CONDITION GIVEN IN	PART 1 (A).	×1.71.75	
	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
0			
21 A. ACCIDENT WAS UNDERLYIN			
			imore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)			imore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	imore City, give exoct location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o etc.)  (earl (Hour) 21E, INJURY OCCURRED	ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	imore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?	imore City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D.TIME (Month) (Doy) (YOF INJURY (APPROX.)	home, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work	e Didg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21 D. TIME (Month) (Day) (Y OF INJURY (APPROX.)  22. 1 certify that (1) (this has:	home, form, foctory, street, o etc.)  (ear) (Hour) 21E, INJURY OCCURRED  While At Not While At Work  Orital) attended the deceased from.	21 F. HOW DID INJURY OCCUR?	February 10 19 68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 10 10. TIME (Month) (Doy) (Y OF INJURY (APPROX.)	home, form, foctory, street, o etc.)  (ear) (Hour) 21E, INJURY OCCURRED  While At Not While At Work  Orital) attended the deceased from.	21 F. HOW DID INJURY OCCUR?	February 10 19 68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D.TIME (Month) (Doy) (YOF INJURY (APPROX.)  22. 1 certify that (1) (this haspethat (1) (we) lost saw the december of the control of the contr	home, form, foctory, street, o etc.)  (ear) (Hour) 21E, INJURY OCCURRED  While At Not While At Work  Orital) attended the deceased from.	21F. HOW DID INJURY OCCUR?	February 10 19 68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21 D. TIME (Month) (Doy) (YOF INJURY (APPROX.)  22. 1 certify that (1) (this haspethat (1) (we) lost saw the december of the control of the cont	home, form, foctory, street, o etc.]  21E. INJURY OCCURRED  While At Not While At Work  Ottol) ottended the deceased from  eosed clive on  stoted obove. (1) (W) (did) (did)	21F. HOW DID INJURY OCCUR?	February 20 19 68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21 D. TIME (Month) (Day) (YOF INJURY (APPROX.)  22. I certify that (I) (this haspen that (I) (we) lost saw the deceaned hour and from the causes	home, form, foctory, street, o etc.]  21E. INJURY OCCURRED  While At Not While At Work  Ottol) ottended the deceased from eosed clive on  stoted obove. (1) (W (did) (did)) At	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 0 ta and that in(my) (con)  View the body after death.	February 10 19 68 oplnion death occurred on the da
DEATH (notify medical examined)  21D. TIME (Month) (Doy) (YOUT (APPROX.)  22. 1 certify that (1) (this hasp that (1) (we) lost saw the deceand hour and from the causes  23A. SIGNATURE	home, form, foctory, street, o etc.]  21E. INJURY OCCURED  While At Not While At Work  Portal) ottended the deceased from  essed clive on  stoted obove. (1) (44) (did) (did)	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 0 ta  413 19 d and that in(my) (***)  View the body after death.  21F. HOW DID INJURY OCCUR?  19 0 ta  42	February 10 19 65 oplinion death occurred on the do
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (YOF (APPROX.)  22. 1 certify that (1) (this haspethat (1) (we) lost saw the deceand hour and from the causes  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	home, form, foctory, street, o etc.]  Peorl (Hour) 21E INJURY OCCURRED  While At Not While At Work  Pitel) ottended the deceased from  eosed clive on  stoted obove. (1) (Work) (did) (did) (did)	21F. HOW DID INJURY OCCUR?	Jehnung W 19 68 oplnion death occurred on the da 238, DATE SIGNED 238, DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21 D. TIME (Month) (Doy) (YOF INJURY (APPROX.)  22. 1 certify that (1) (this haspethat (1) (not) lost saw the decease ond hour and from the causes  23A. SIGNATURE	home, form, foctory, street, o etc.]  21E. INJURY OCCURED  While At Not While At Work  Pital) ottended the deceased from  eosed clive on  stoted obove. (1) (4) (did) (did) (did)	21F. HOW DID INJURY OCCUR?	February VD 19 68 oplnion death occurred on the do
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21 D. TIME (Month) (Day) (YOF INJURY (APPROX.)  22. 1 certify that (1) (this hasperthat (1) (we) lost saw the decease ond hour and from the causes  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. Allan S	home, form, foctory, street o etc.)  Year (Hour) 21E, INJURY OCCURRED  While At Not While At Work  pital) ottended the deceased from eosed clive on	21F. HOW DID INJURY OCCUR?     21F. HOW DID INJURY OCCUR?	opinion deoth occurred on the do
DEATH (notify medical examined)  21 D. TIME (Month) (Doy) (YON (APPROX.)  22. I certify that (I) (this hasper that (I) (me) lost saw the decease ond hour and from the causes  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. Allan SIGNATURE  4A. BURIAL CREMATION, 24B. DATIREMOVAL (Specify)	home, form, foctory, street o etc.)  Year (Hour) 21E, INJURY OCCURRED  While At Not While At Work  pital) ottended the deceased from eosed clive on	INJURY OCCUR?	opinion deoth occurred on the do

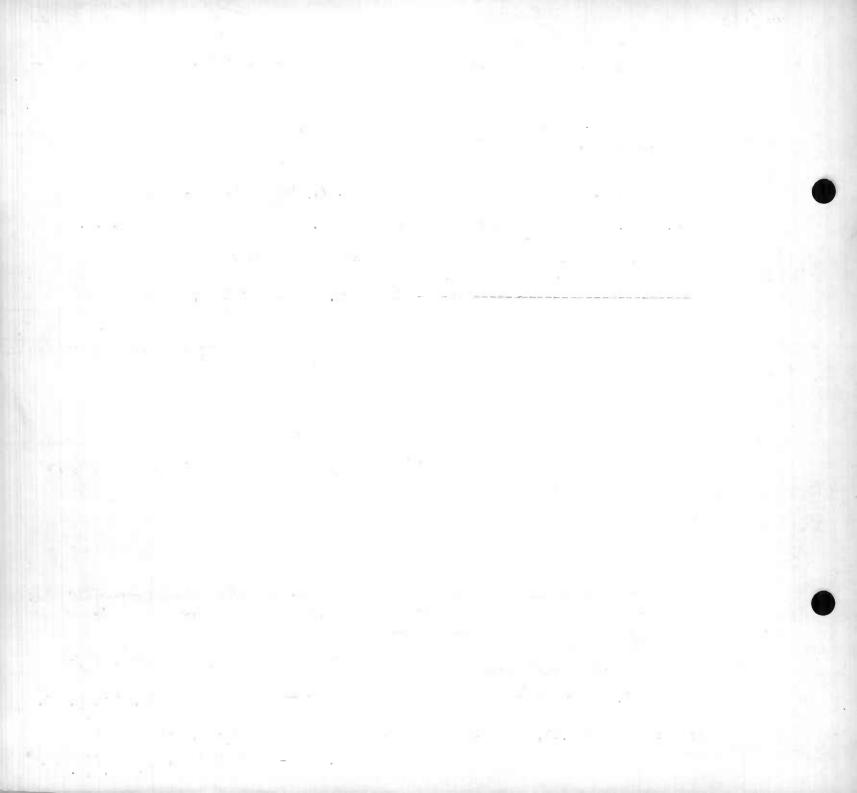
VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT. FEB 21 1968

258. NAME OF REGISTRAR

Green Mount Crematory Baltimore, Maryland Wm. Cook-Brooks Towson,

1050 York Road Towson, Md. 21204



V-520	68- 2041	BALTIMORE CITY HE							
1 500	MEDICAL E	XAMINER'S	CERTIFICA	ATE O	F DEA	TH REG N	. 68	- 25	141
BIRTH NO.									
I. NAME OF DECEASED (Type or Print) Louise	J. Young		2. DATE OF DEATH	Estimoted [	Month 2	18	1968	Hour	1:00 <sub>M</sub>
4. PLACE IN BALTIMORE, MA FULL NAME OF (IF NOT	IN HOSPITAL OR INSTITU		3. DATE PRONOUN	CED DEAD	Month 2	Doy 18	Yeor 1968	Hour	9:15
OR INSTITUTION	SS OR LOCATION)		5. USUAL RESI A. STATE		ere dece osed	lived. If institut		before odn	nission)
1550 N. Fult		<b>™</b>	C. CITY OR TO	ryland		D. INSIDE	CITY HAITS	15	-0
F C	WIDOWED	NEVER MARRIED DIVORCED		ltimor	е	0. 1143102	YES 📑	NO 🗆	
9. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. nths: Doys , Hours , Min.	E. STREET AND		Fulton	Ave.			
11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S I		Butler	,			
4A.USUAL OCCUPATION (Give	kind of work 14B. KIND OF		15. MOTHER'S	MAIDEN N	IAME				
6. WAS DECEASED EVER IN	U.S. ADMED SOCIOS	117 50511	L 18. INFORMAL		Clark	2	~	7.0	249
Yes, no or unknown) (If yes, give w		17. SOCIAL SECURITY NO.		1	2122	N. Caj	address pital	St.	Wash
19.4/12.91		CAUSE OF DEA	тн	4- 10				APPROXIMATE	
DISEASE OR CONDI		Arterio	-sclerot	ic car	dio vas	cular	disease		
(This does not mean the heart failure, asthenia, etc. injury or complication whice	mode of dying, e.g., It means the disease,	(A)IMMEDIATE O	AS A CONSEQUE	NCE OF:			de der dar dar abreide schricke die dar die die die de g v wer der g	in the disk downs the six the six the six the six	
ANTECEDENT OF THE PROPERTY OF THE PROPERTY OF THE ABOVE CALL UNDERLYING CONDITIONS OF THE PROPERTY OF THE PROP	ONS, IF ANY, GIVING		AS A CONSEQU	ENCE OF:					
OTHER SIGNIFICANT CONTOUR TO THE DEATH BUT NOT DISEASE OR CONDITION  20A. DATE OF OPERATION	RELATED TO THE TERMINA								
0	20B. CONDITION FOI	R WHICH OPERATION WA	AS PERFORMED		Mar			OPSY? (Ye	s or No)
22A. EXTERNAL CAUSE OF UNDERLYING ☐ OR CONTUINING ☐ CAUSE OF DEA		PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout 22C. e bldg., etc.) INJU	WHERE DI	D (If in Bolting)?	ore City, give			
Z 22D. TIME (Month) (D OF INJURY (APPROX.)	oy) (Yeor) (Hour)		WHILE 22F.	HOW DID	INJURY OC	CUR?		- ( -	
ACTUAL SIGNATURE EXAMINER'S	atural causes Werner U. S	Inspection Au Accident Suicid	Homi CHI ASSISTA	cide   EF MEDICA  NT MEDICA				DATE SI 18/19	gned 68
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)		4C. NAME of CEMETERY	ar CREMATORY	24	D. LOCATIO	N (City, to	own, or count	(S	itote)
Burial 25A. DATE REC'D BY HEALTH D	2-22-68 DEPT.   258 NAM	Mt. Olivet		ry NERAL DIRE		ington	, D.C	•	
CEB 04 4000		LOW MA				Home		Calho	un S

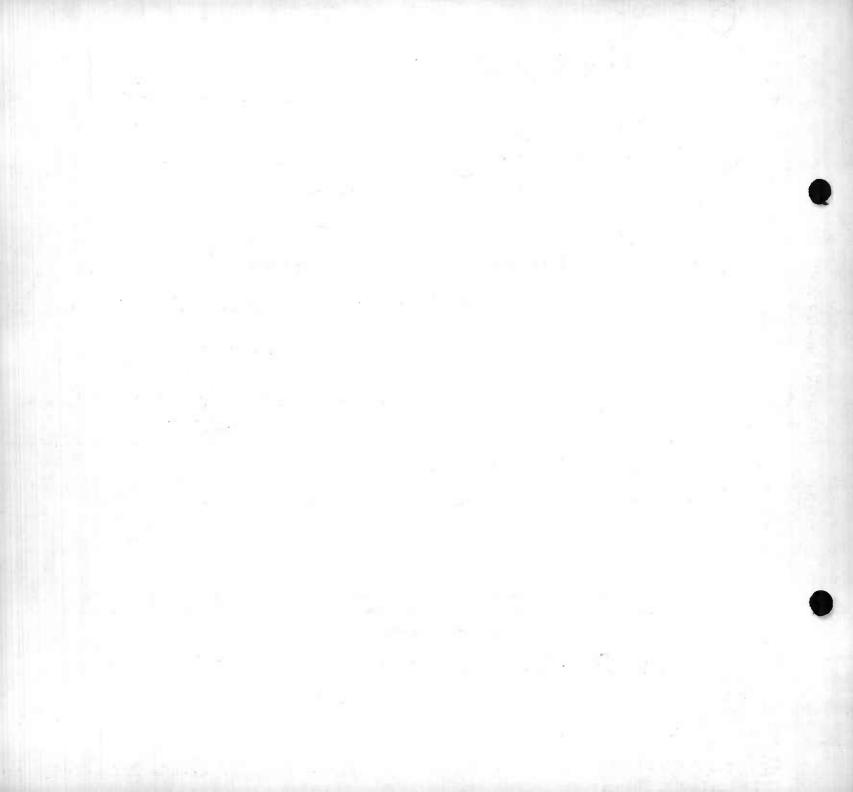


BALTIMO	DRE CITY HEALTH DEPARTMENT
7-640 68- 2042 CERT	IFICATE OF DEATH  REG. NO. 68- 2042
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print) Farrell, Edna	2-17-68   5:10 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST HOSPITAL OR ADDRESS OR LOCATION)	REET Maryland  C. CITY OR TOWN  D. INSIDE CITY MINITS?
Provident Hospital	Baltimore YES X NO
39 1514 Division Street	E. STREET AND NUMBER
Baltimore, Maryland	711 Newington Avenue
5. SEX 6. RACE 7. MARRIED NEVER MAR WIDOWED DIVOR	lost bringay) Ividinas boys Hours
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Va. U.S.A.
13. FATHER'S NAME Leroy Jessups	14. MOTHER'S MAIDEN NAME
	Clara Warner
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) 16. SOCIAL SECURITY N	
no   220300°	
73/.0	OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	DIATE CAUSE CEVEbral La emorroge
	O, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES	Hyper tennion.
(B)	O. OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stoting the	
UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OF CONDITION OF THE CONDITION FOR WHICH OPERATION AS PERFORMED	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ	JRY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foclory, DEATH (notify medical examiner)	street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?
(APPROX.) White At	Not White At Work
22. I certify that (I) (this haspital) attended the deceased for	ram 2-17-68 19 to 2-17-68 19 ,
	19ond that in(my) (aur) apinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (did) (d	Id nat) view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
	Attending Med. Staff Phys. 2-19-68
23C. PHYSICIAN'S NAME (Type) RAJMANE	Provident Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)	
Burial 2-22-68 Mt. Aubur 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	en Cem Balto. Md. Address
FREB 21 1968 Robert E. Jankeyma	Kelson Funeral Home 1348 Calhoun St.
VS 150-REV. 1/1/68	MOTOUT AUTOTAL HOME 1 JAO SATHOUN MA

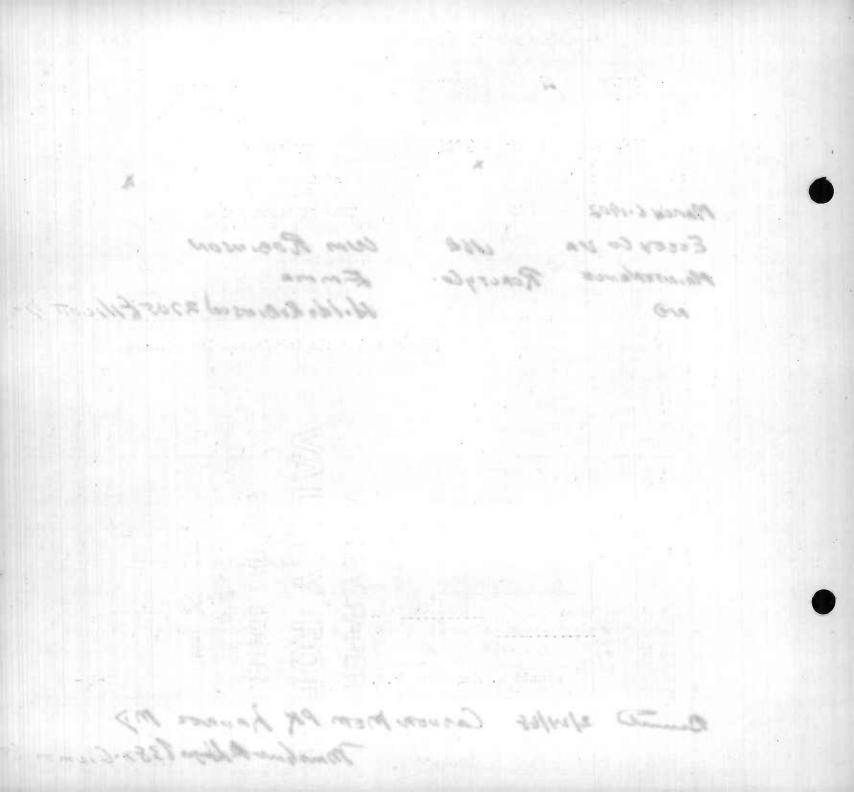
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VS 150-REV. 1/1/6B



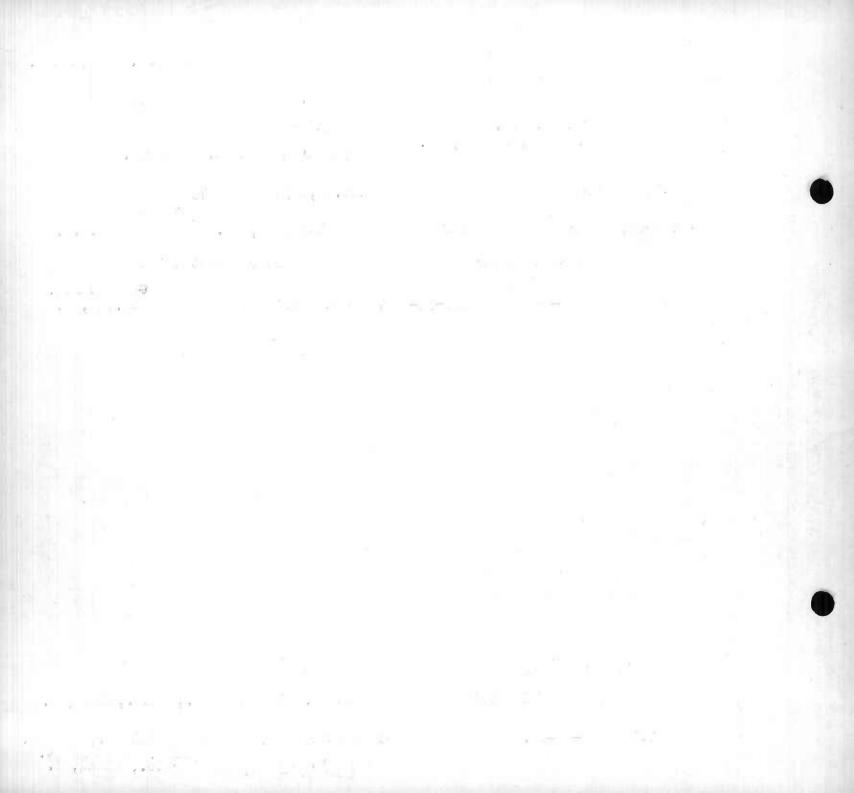
VS 151-REV. 1/1/68



VS 151-REV. 1/1/68

34-6-1921 -146 Dewey C. Momennery Mounte Wise 1654 Flore M. TRIMPIER Leconore Bonsey Sunst Rower Plan Son 25 yes Farm array Colonevicos ILC. Tomoral sperfed Mars George Huger Colle or Green The

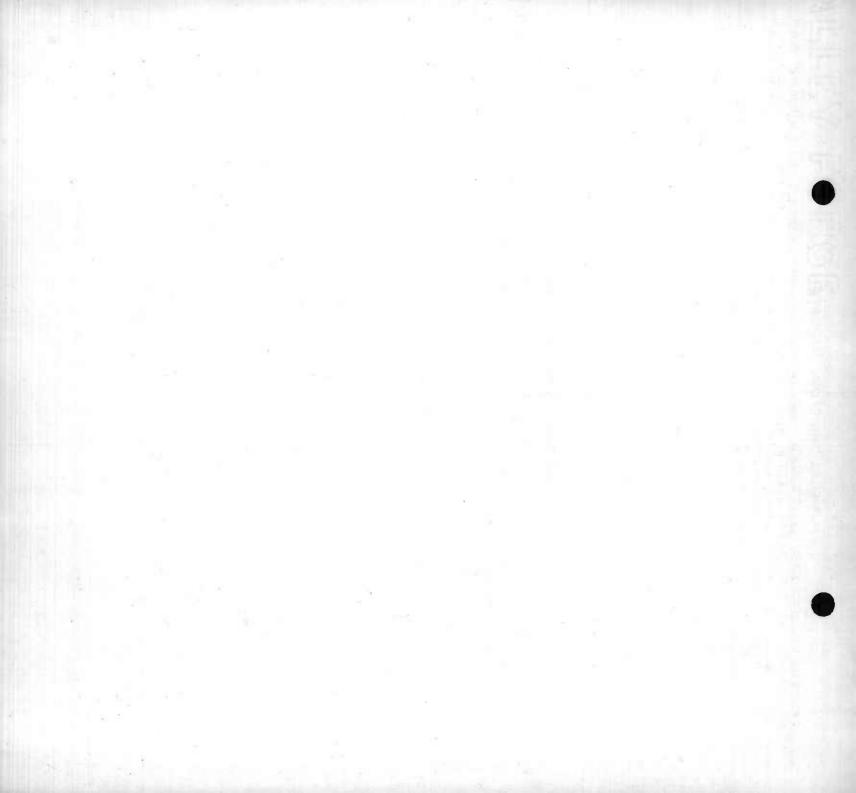
VS 150-REV. 1/1/6B



IMPORTANT

DIRECTOR:

FUNERAL

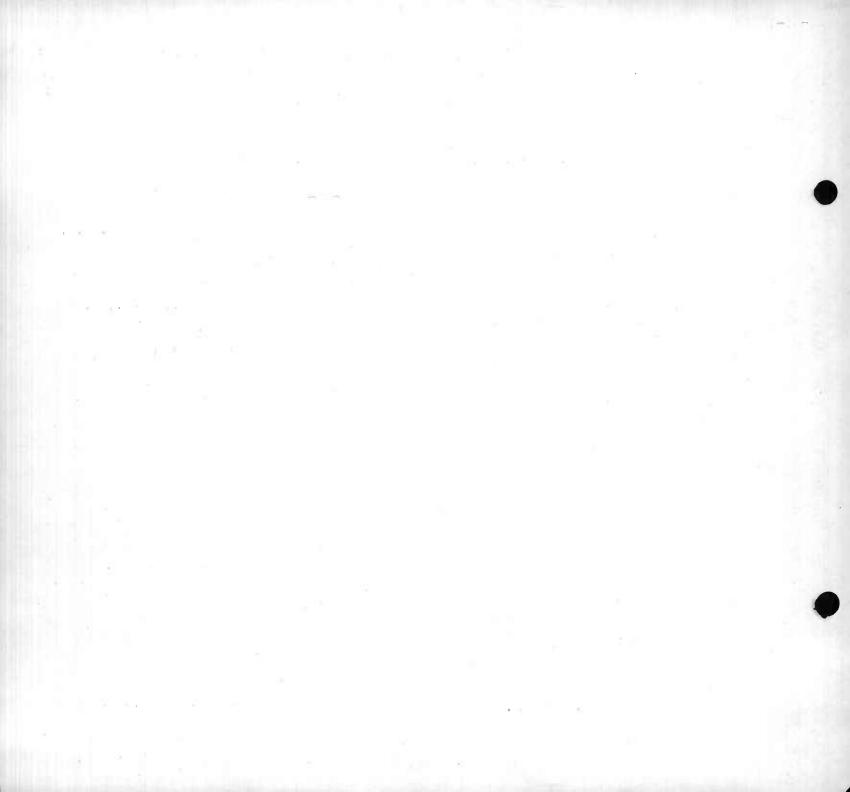


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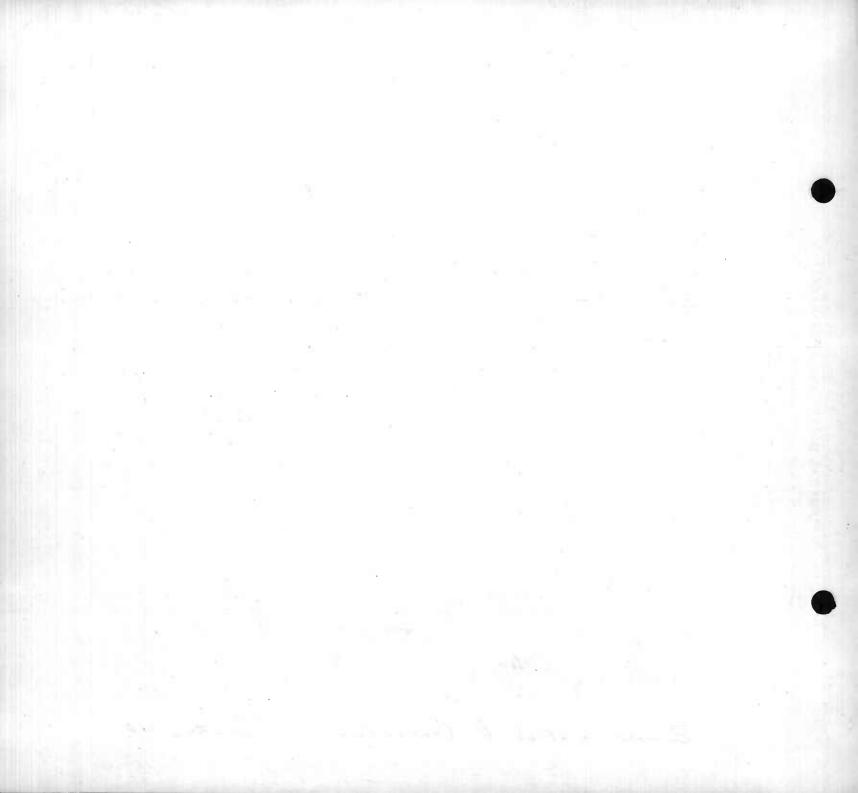
DIRECTOR:

FUNERAL

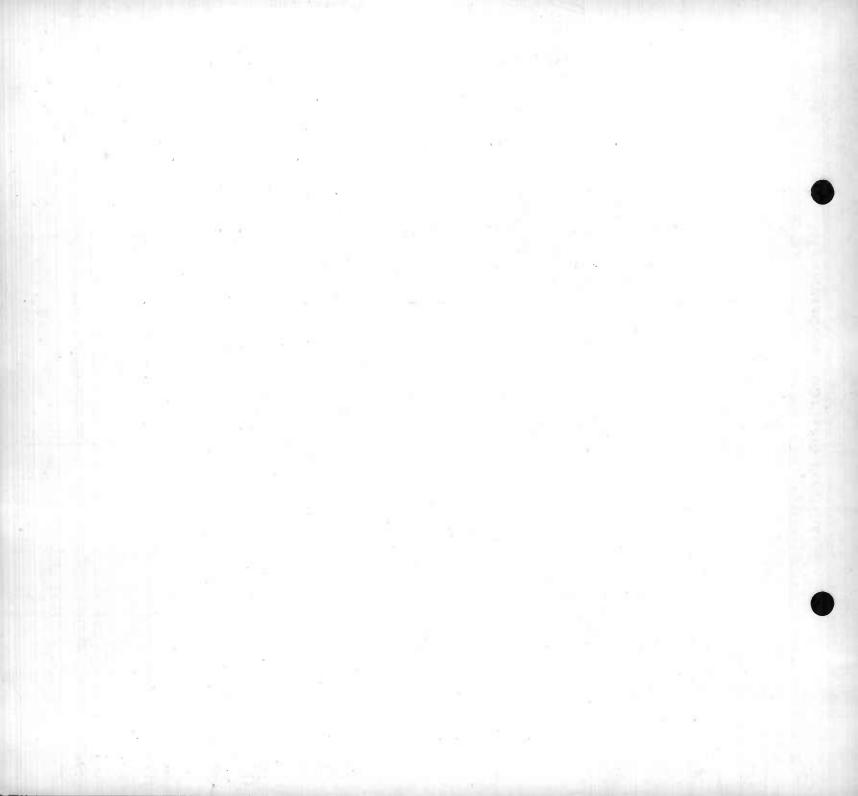
VS 150-REV. 1/1/68



	ORE CITY HEALTH DEPARTMENT
68- 2049 CERT	IFICATE OF DEATH REG. NO.
BIRTH NO.	2, DATE AND HOUR OF DEATH
(Type 95 Print)	2-20-68   2:45 P M
3. PLACE IN PALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2-20-68 2: 45° p M  [4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
3. FEACE IN GALINIONS MAKIEMAD, WHERE PROHODINGED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S	
HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
L 0 11 . 11	Baltimore YES NO
BON Secours Hospital	E. STREET AND NUMBER
. 00%	2504 E. Fairmourt Que. 21224
5. SEX   6. RACE   7. MARRIED   NEVER MA	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
1	RCED 9-9-1900 lost birthday) Months Doys Hours Min.
Female White WIDOWED DIVO	
Anna during most of working life even if satisad)	
Housekeeping Dept. Box Secours M	OSP Balto. Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1:1	5
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY	NO 0 0 0
No -	M1. Charles Bongrovano - 126 N. Melton Wel
	OF DEATH
DISEASE OR CONDITION DIRECTLY	las hemornafic brouchs prien comine
LEADING TO DEATH	2
(this does not meen the mode of dying, e.g., DUE	TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)	10, OR AS A CONSEQUENCE OF: Homotosis (day
	6.2.1. 1. 1.
ANTECEDENT CAUSES (B)	Caroni Arcol
The state of the s	TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Phot !
(0)	
Z OTHER CONTRICANT CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
W OLA ACCIDENT WAS UNDERLYING TO 100 BLACK OF IN	MINV/as is a should C WHERE DID
OR CONTRIBUTING CAUSE OF	IURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location), street, office bidg., tNJURY OCCUR?
DEATH (notify medical examiner)	
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC	URRED 21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At	Not While
Work L	At Work
22. I certify that (1) (this hospital) attended the deceased	
that (I) (we) last saw the deceased alive on	30 19 68 and that in(my) (aur) apinian death occurred on the dat
ond hour and fram the couses stated above. (1) (We) (did) (	
23A. SIGNATURE	238, DATE SIGNED
COM. SIGNATURE	140
fong Cho	Attending   Med.   Staff   Meb. 20, 68
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) YONG CHO	Bon Secours Hosp. Balts. Md.
TO THOSE CONTRACTOR LOSS DATE	DEGREE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME REMOVAL (Specify)	
RIGIAL 2-24-68 MT. CAR	MEL CEM. SALTO, MD.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	250. TUNERAL DIRECTOR ADDRESS
FEB 21 1968 P.O. A 2 Fall	1-11 Mills - 2324 to be were
VS 150-REV. 1/1/68	Charles wille 200 to ten .

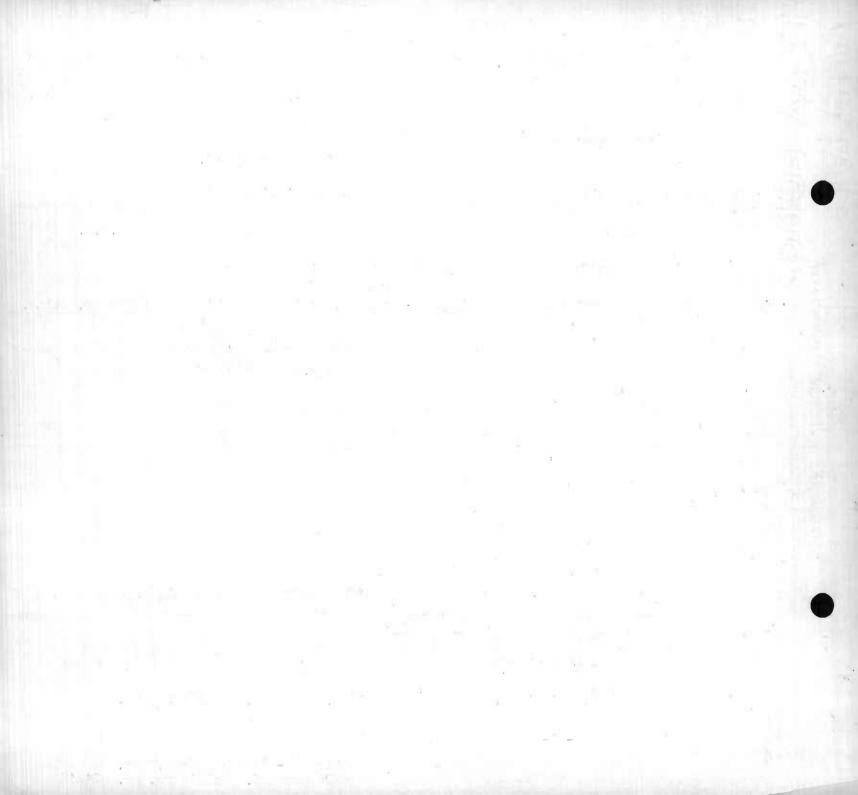


	1 ,- 71			BALTIMORE CITY	HEALTH DEPARTMENT		68-	2050	
BIR	7-5/こ TH NO.	68	- 205	CERTIFICA	TE OF DEATH	REG. NO	-1	2000	
	AME OF DECE		HENSO	N	FEB	• 18,1968			M.
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. Il i	nstitution; res	idence before oc	Imission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	Md. c. city or town Balto.	D. 1NS	SIDE CITY LIN	20-(	22
)	2406	W. Frankli	n St.		E. STREET AND NUMBER	nklin St.	11.5	140	
5. S	EX	6. RACE	7. MARDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under	1 Yr If Under	24 Hrs.
M	ale	Colored	WIDOWED		Feb.25,1896	lost birthday)	Months [	Days Hours	Min.
			108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	eign country)	12. CITIZE	N OF WHAT C	OUNTRY?
-	aborer	vorking life, even if retired)	Const	ruction	Washington	D.C.			
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ME			
E	ugene	Henson			Eliza *				
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No	tit yes, give war or date	S Of Service	217-16-7691	Lillian Hen	son 2406	W. Fr	anklin	st.
MEDICAL CERTIFICATION	(This does not heart failure, injury at carm ADISEASES Or ise to the UNDERLYING OTHER SIGNIFITO THE DEATION THE DEATION THE DEATION OF CONTRIBU	E OR CONDITION DI LEADING TO DEATH al mean the made of asthenia, etc. Il means plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost.  IL CANT CONDITION SOLUTION OPERATION 198. CON OPERATION 198. CON WAS PER TING CAUSE OF medical examiner)  (Manth) (Doy) (Year)	dying, e.g., The disease, deoth.)  ony, giving stoling the  NTRIBUTING HE TERMINAL IT I (A). DITION FOR W FORMED  21B. hom etc.)	INJURY OCCURRED  Re At Not While	20A. AUTOPSY? (Yes of North bidg., INJURY OCCUR?	O) 20B, IF YES, WERE IN CERTIFYING CA	AM FINDINGS (AUSES OF D	The Considered exact location)	
			Worl				24)	10	10
		that (1) (this hospita		17	10 75	19 6 10			60.
	that (I) (we)	last sow the decease	ed alive an	7-17-	19 6 8 and t	hat in(my) (our) ap	Inian death	occurred an	the date
			ted abave. (1)	) (We) (did) (did not) v	riew the bady ofter death.				
	23A. SIGNATU	RE / //	1/ 4		1:	C. If	23B. DATE	SIGNED	•
	Rac	Garali.	Hund	DEGREE Phy	ending Med. Director	Phys.	2-	71-68	
	23 C. PHYSICIA NAME(T)		Hus	it	23D. ADDRESS (60700.7)	Nulbary 8	t, 12	elte 7	nd
24A	BURIAL CREA		/ 24C.NA	ME OF CEMETERY OF CRI	EMATORY 24D.	LOCATION	Pityn togen, or	county)	(State)
1	REMOVAL IS	9/29/1	968 411	4 MUNTIN	2 10m /	With.	1/1		
25 A	DATE REC'P	BY HEALTH DEPT	25B NAME O	FREGISTRAR	25C. FUNERAL DIRECTO	west Home	3/99	ADDRESS	In 1+
VS	150-REV. 1/1/6	В	-		THE WANTED PAR	kin and I losse	-4111	-VIVIVIV	11-1

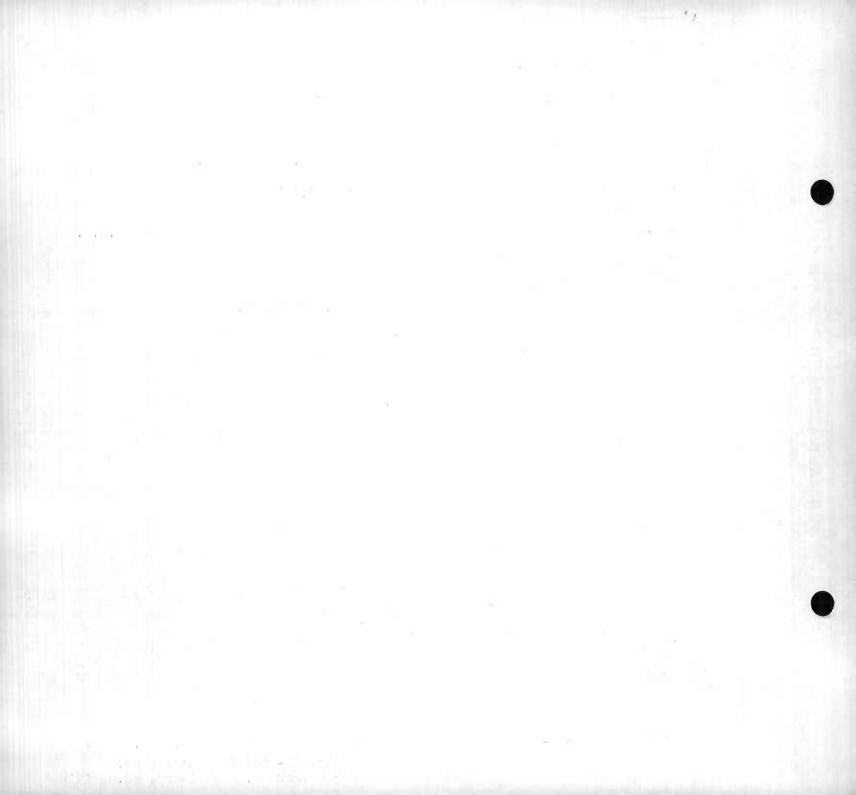


SAB-51-09-67	3-520 68- 2051 CEPTIFICATE OF DEATH REG. NO. 68- 2051
sed the uch	BIRTH NO.
0 0 D N	T. NAME OF DECEASED (Type or Print) ONES, CALLAWAY 2. DATE AND HOUR OF DEATH (Type or Print) ONES, CALLAWAY 2. DATE AND HOUR OF DEATH DO M.
h o c t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY
hospita ise of (5) Dec ance o death.	
caus caus use; ( enda	INSTITUTION D. INSIDE CITY-LIMPS?
	BALTIMORE CITY HOSPitals STREET AND NUMBER
D.=	4940 Eastern Avenue, Baltimore, Maryland 935 Pennsylvania Avenue 21204
frik min gul sed	S. SEX ALE   6. RACE   NEVER MARRIED   Never M
r if death or rect or con (4) Undetern was in re	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  done during begregating life, even if retired)  12. CITIZEN SF WHAT COUNTRY?
de Un	13. FATHER'S NAME
T + if if × (4)	? Alice Hatton
stant ind; eath	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (III yes, give wor or dates of service)  16. SOCIAL SECURITY NO.
RT ssiss th do do fin fin	ne Records: BCH-4940 Eastern Avenue 21224
IMPORTANT or his assistant Also, if the dir of any kind; ( ounced death other dance on	DISEASE OF CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or his Also, e of a nounc attendant	LEADING TO DEATH
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,
OR: niner. ractu pro ular	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES
CTC ami	DISEASES OR CONDITIONS, if any, giving  (B) CAC CACCA / CACCA
3 (3) e e	underlying condition last. (c) Coma X 3 milks
= 0 = = 0 0	_ 33/X II
UNERAL Control of the physical was the physical was the the remains the the remains the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
dy dy he he	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S Ch S Ch T Ch S Ch T Ch T Ch T Ch T Ch	E O
FU the alb, (2) ere o ph	O 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
\$ 5 0 3 Z T	Q 21D. TIME (Month) (Day) (Year) (Hour) 21E IN 118Y OCCURRED 21E HOW DID IN 118Y OCCUR?
hosp natu (6)	OF INJURY (APPROX.)  While At   Not While   At Work   At Work
prove the h ny n excel and	22. I certify that (1) (this hospital) attended the deceased from 2 6° 1968 to 2/16 1968,
0 0 0	the (I) (we) lost sow the deceased clive on 2668 19 ond that in (my) (our) opinion death accurred on the date
t be a sed to ent of spital eath)	ond hour ond from the couses stoted obove (1) (We) (did) (did not) view the body ofter deoth.
must eleas ccide hosp to de	23A. SIGNATURE  Attending Med. Stoff 7
, , ,	23C. PHYSICIAN'S 7a change Concommon 23D-ADDRESS
cate vas An An o prio	TACHARY COOCCUAN Bellionel City To Rotanoni
# ( A P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
cert boody 7s: ( D.O D.O	Burial 2/24/68 Mt Auburn Cemetry Baltimore, Md.
This cer the bod shows: was D.( decease	25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR   2SC. FUNERAL DIRECTOR   ADDRESS
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	VS 1SO-REVIALE A TOOC CONTRACTOR OF THE PROPERTY OF THE PROPER





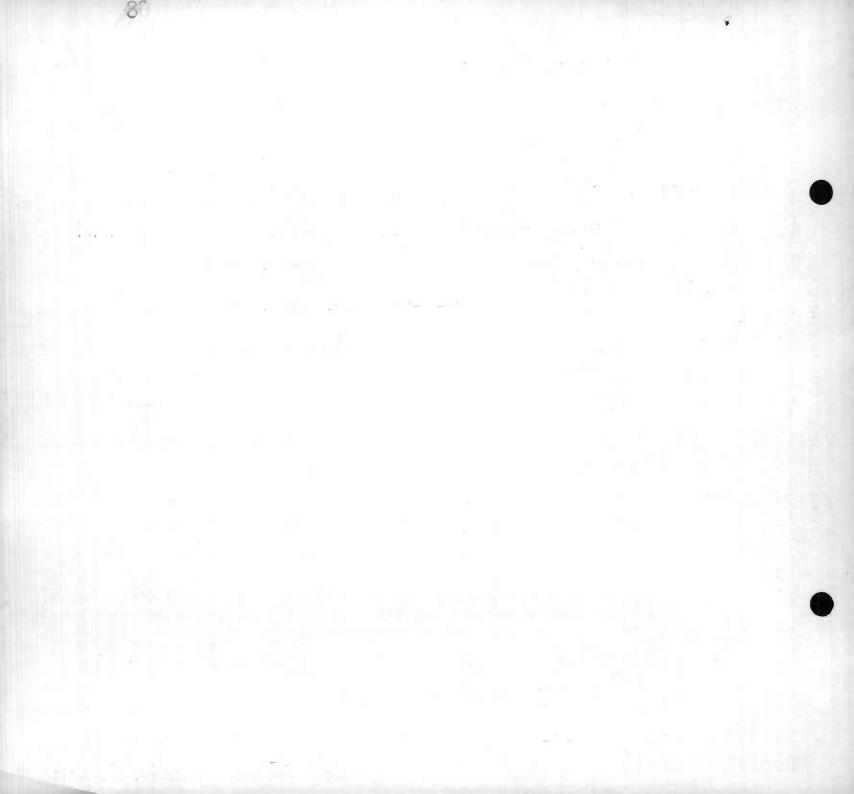
		2. DATE A	NO HOUR OF DEATH	1 . 7
(Type or Print) MARTHA E. WILEY		15%	ibruary 19	68 8
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If i	institution: residence before ad
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	VE STREET	MAryland		2/-/-
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
		Baltimore		YES Y NO
O LONG GREEN HOME		E. STREET AND NUMBER		
		5405 N. Char	les St.	
5. SEX 6. RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours
1000000	OIVORCED [	June 21,1875	92	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working lile, even if retired)	OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT CO
Homemaker		Pennsylva	m4 a	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	U.D.A.
Joel Ebaugh  15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIA		Sarah Rou	tzan	ADDRESS
	RITY NO.	17. INFORMANT		ADDRESS
No		Mrs. William	A. Keese	Same
18. 44 / 2 / CAU	JSE OF DEATH			APPROXIMATE IN
LEADING TO DEATH	IMMEDIATE CAUS	SE Cerebral-Noses	der accide	ut 9 day
		CONSEQUENCE OF:	CARCINISCI SALVANIO	25
injury or complication which caused death.)				
ANTECEDENT CAUSES	11.1.1	· + ·	lerotic cara	0.
DISEASES OR CONDITIONS, if any, giving	DUEUO, OR AS	A CONSEQUENCE OF:	grou cara	40
rise to the obave cause (A) stoting the				
I I I I I I I I I I I I I I I I I I I	m. ()	0		
UNDERLYING CONDITION last. (C).	was out	u disease		
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O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	was only	n desease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (A).	MAS OUT	n desease	(a) 208. IF YFS WERE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 (A).	Mas out	n desease	a) 20B, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended the decease that (I) (we) last saw the deceased alive an 12 fm and haur and fram the causes stated abave. (I) (We) (disease)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  AHY BARNAB 3  24A. BURIAL CREMATION, REMOVAL (Specily)  24B. DATE  24C. NAME of CE.	FINJURY (e.g., in poctory, street, off off off off off off off off off of	an Autopsy? (Yes or No De la company)  ar about 21C. WHERE DID ince bidg. INJURY OCCUR?  21F. HOW DID IN 23 Mortuber 19 68 and to death.  and the bady after death.  and the bady after death.  and the bady after death.  Adding Med. Director 12 Mortuber 12 Mor	IN CERTIFYING CA	pre City, give exact location)  Clauses of Death?  Discrete City, give exact location)  19  Pointan death accurred an including the second sec



IMPORTANT

FUNERAL DIRECTOR:

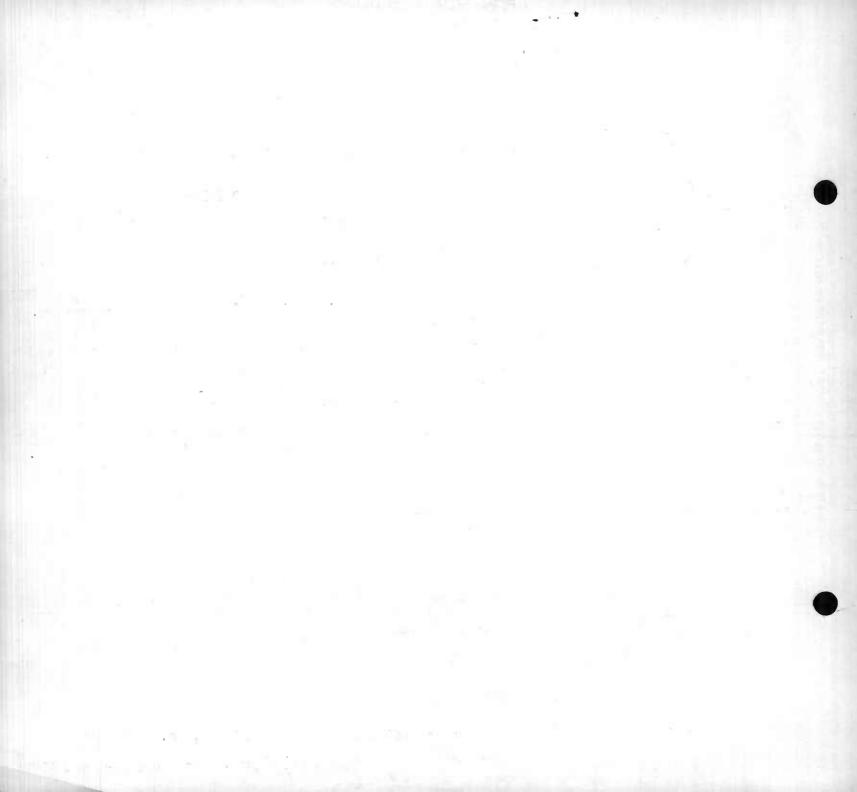
VS 150-REV. 1/1/6B



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



	11-460				BALTIMORE CITY	HEALTH D	EPARTMENT	V	68-	2056
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	TH NO.	SED		,,,,,,,				AND HOUR OF DEAT	н	
	pe or Print)		IED	JOHN	c					2 200
3.	PLACE IN BALTI					4. USUAL	RESIDENCE (W	BRUARY 16.	institution: resi	3 · 20P M
						A. STATE	B. CO	UNTY	11	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					TION, GIVE STREET		LAND		Her	44-12
	STITUTION					C. CITY OR			ISIDE CITY LIM	
ST. AGNES HOSPITAL			DAN	ELS AND NUMBER	21033	YES	NO X			
	40					E. SIKEEI	AIND NUMBER			1.2 40
-	SEX 6	RACE	17	-		8. DATE OF	DIRTH	9. AGE (In years	1 1/ 11 1 3	00 -00
					NEVER MARRIED			last birthdoy)	If Under 1 Months D	l Yr. If Under 24 Hrs. Poys   Hours   Min.
	ALE	WHITE		NIDOMED		4/7/0				
			retired)		BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or fi	oreign country)	12. CITIZE	N OF WHAT COUNTRY
(	SPERATOR	}		R.DA	NIELS	MARY	LAND		U.S	S.A.
15. \	FATHER'S NAME			14. MOTHER'S MAIDEN NAME						
	JOHN M	LIFR				IDA N	ILLER			
			ned Faces	9	1 6. SOCIAL	17. INFORM				ADDRESS
e	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dotes of service		f service)	SECURITY NO.						
	NONE			24-31	213-01-4940	51.	AGNES	HOSPITAL	RECORD	05
	1B. 173.	6	1111	7-4-17	CAUSE OF DEATH	1				APPROXIMATE INTERVAL
	DISEASE	OR CONDITIO	ON DIREC	TLY						The state of the s
LEADING TO DEATH (A)IMMEDIATE CAUSE FI 6 TO SAT CO Was of the										
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which coused death.)  DUE TO, OR AS A CONSEQUENCE OF:  Obolowing with					***************************************					
		icotion which			orbol	omin	al wi	all with	1	
	A	TECEDENT CA	AUSES		Int Fas	Tasis	To Gi	rwels		
	DISEASES OR	CONDITIONS	S, if ony	, aivina	DUE TO, OR AS	A CONSEQU	ENCE OF:			
	rise to the	obove couse	(A) sl		0 0			100001110	1000	
	UNDERLYING	CONDITION I	ast.		(c) 1 000 000	0 (4)	1 000	luzsema		
7	191.5	II								
2	TO THE DEATH								N. D.	
CA	O THE DEATH BUT NOT RELATED TO THE TERMINAL  ODISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION			THE CONTRACTOR	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND				0110100000	
ERTIFIC	TA. DATE OF C		AS PERFOR		HICH OFEKATION	20M. AU	OFSTATES OF	No) 20B. IF YES, WER	AUSES OF DE	ATH?
E E	21A ACCIDENT	WAS HADEN	VINCE	210	DI ACE OF INVIENTAL	0 0 0 0 0 0 1 2 1 2 1 2 1 2 1 2 1 2 1 2	YES D'D	(Af 1 B) 4-c	CII	and the set of
1	OR CONTRIBUT	ING CAUSE	OF _	home	PLACE OF INJURY (e.g., in to, lorm, foctory, street, of	fice bldg., IN	JURY OCCUR?	(It in Boltim	ore City, give	exoct locotion)
	DEATH (notify r	nedicol exominer	)	etc.)						
2	21 D. TIME	Month) (Day)	(Yeor) (	Hour) 21 E.	INJURY OCCURRED	21	F. HOW DID I	NJURY OCCUR?		
	(APPROX.)			Whil	e At Not While					
	22 1	. (1) (-1 : 1				FROM	RV 8	19 68 to FE	BRUARY	16 19 68
				Anna Anna	e deceased from 16	LDNUF	Q		14.745.4607	
	that (I) (we) I	ost sow the de	eceosed	olive on	EBRUARY 16	19.6	ond	that in (my) (our) o	plnion deoth	occurred on the dot
	and hour ond	rom the couse	es stoted	obove. (I)	(We) (did) (did not) v	iew the bo	dy ofter deat	h.		
	23A. SIGNATUR				/		X30 T1		23B. DATE	SIGNED
		to 1	> /	10, 6		nding [	Med.	Staff Phys.	2/16	5/68
	00	00	/ . (				D110/101 -	riiys,		
	23C, PHYSICIAN	S	/, (		DEOREE Phys		S	BAI	TO. MO	21229
	23C. PHYSICIAN NAME (Typ	e)		DODDA	A Orece	23D. ADDRES		OSP.CATON	TO, MD	21229 CENS AVES
	NAME (Typ	OSCAR E		BORDA	, MD . DEGREE	ST. A	GNES H	OSP;CATON	E WILK	KENS AVES.
F	NAME (Typ	OSCAR E			. MD .	ST. A	GNES H		E WILK	CENS AVES.
I A	NAME (Typ	OSCAR E			, MD . DEGREE	ST. A	GNES H			CENS AVES.
	NAME (Typ	OSCAR E	ATE 20-62	24C. NA	, MD . DEGREE	ST. A MATORY  Phen	GNES H	LOCATION (		CENS AVES.
	NAME (Type A. BURIAL CREM REMOVAL (Sp	OSCAR E	ATE 20-62	24C. NA	MD.  DEGREE  ME of CEMETERY of CRE  POOL SIDE	ST. A MATORY  Phen	GNES H	LOCATION (		CENS AVES.
254	NAME (Type A. BURIAL CREM REMOVAL (Sp	OSCAR E	ATE 20-62	24C. NA	MD.  DEGREE  ME of CEMETERY of CRE  POOL SIDE	ST. A MATORY  Phen	GNES H	LOCATION (		CENS AVES.

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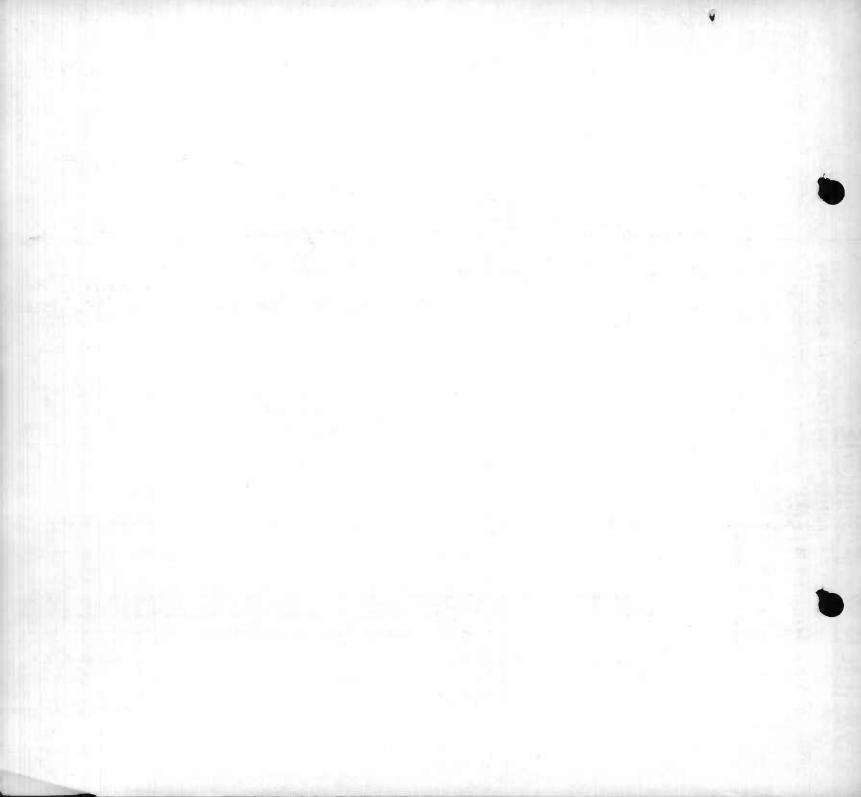
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me	ly be	, ph)	cian	ne re	
d to the hospital by a medical examiner. Also, if the direct or contributing cause of death	Boc (	the	hysic	be obtained before the remains are embalmed or final disposition is made.	
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10	of a	) 10.	h);	be	
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rele	accid	ah	r to	Nal	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must	
ody	(L) :s	D.O.1	pesc	en a	
he b	* how	SDA	Jece	writt	
-	S		9		

J-127	BALTIMORE CITY	HEALTH DEPARTMENT		68 9057
BIRTH NO. 68- 20	57 CERTIFICA	TE OF DEATH	Registered Na	68 2057
M.E. CASE NO.  1, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) ELENDER H.	TIBBETC	1	10	2 1 11 11 11
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	LIBBE ()	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed tived. Il ins	nitution: residence before admission)
FULL NAME OF (If not in hospital or institution,	, give street	md		
HOSPITAL OR address or location)		C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
OSilvEn Cross Ho	ME	BATIMOR	20	-4X-04
05/10/30 0.0035 //		D. STREET ADDRESS (If	urol, give location)	
		4504 0	1d FREdE	rick Rd.
	D, NEVER MARRIED ED, DIVORCED (specily)	8. DATE OF BIRTH	ost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Days Haurs Min.
1	low zd.	9-5-1880	87	20/3
10A. USUAL OCCUPATION (Give kind al work 10B, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	n country)	12. CITIZEN OF
done during most of working life, even if retired)	homE.	manilan	1	WHAT COUNTRY?
HOUSEWIFE AT	710.72.	MATHER'S MAIDEN NAM		V.S.A.
21 - 11 -				17
Robert V. Thomt		MARIBA V.	CONNE	//
5. Was Deceased Ever in U. S. Armed Farces? Yes, na or unknawn) (11 yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	10%	N ROPPING Rd.
No	None	ELEE BURG	FEE D	Tour ille and
18. / / 0	CAUSE O	E DEATH	1222 CA	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	07.000	DEATH!		ONSET AND DEATH
LEADING TO DEATH	(	1 - 2 2 2	-1.	Carlle
(This does not mean the made of dying, e.g.		ronary or	uus son,	7777
heart failure, asthenia, etc. It means the disease injury or camplication which caused death.)	в,	- oac	lle '	
ANTECEDENT CAUSES	181 anto	riverlentin 1	Level Deres	- unlanoum
	DUE TO	the state of the s		
rise to the above cause (A) stating the				
UNDERLYING CONDITION last.	(6)			
#20,1 II				
Z CONTRACTOR CONTRACTOR	NG 11		11	
O THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	HE Hyperl	Insire - C-V.	fliscore	may
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21	D DI ACE OF WWW.			
OR CONTRIBUTING CAUSE OF ho DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in ome, form, loctory, street, of c.)	fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUP?	
\$ 01 1113081	/hile At   Not While			
(APPROX.)	/ark Al Work			
	TOPK AT WORK			
22. I certify that (I) (this hospital) attended		Jan 12 1	967 to FR	1 18 19 Ge S
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an.	the deceased fram			
that (I) (we)-last saw the deceased alive an.	the deceased from	19 6 S and the		
	the deceased from	19 6 S and the	nt in (my) ( <del>ous)</del> apin	ian death accurred an the date
that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave.	the deceased fram (1) (We) (did) (did not) v	19 6 and the	of in(my) (ous) apin	
that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE	the deceased fram  (1) (We) (did) (did not) v  Aure M.D. Alle Phys	iew the bady after death.  Med. Director	nt in(my) (ous) apin	ian death accurred an the date
that (I) (we)-last saw the deceased alive an and haur and fram the causes stated abave.	the deceased fram  (1) (We) (did) (did not) v  Aure M.D. Alle Phys	19 6 and the	of in(my) (ous) apin	ian death accurred an the date
that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S	the deceased fram  (1) (We) (did) (did not) v  Aure M.D. Alle Phys	iew the bady after death.  Med. Director	of in(my) (ous) apin	ian death accurred an the date
that (I) (we)-last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION,  24B. DATE   24C. N	(1) (We) (did) (did not) v	and the lew the bady after death.  Inding Med. Biscor  Ball  Ball	Stolf in (my) (out) apin	ian death accurred an the date
that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIANS NAME (Type)	(1) (We) (did) (did not) v  Ale Phys  NAME of CEMETERY or CRE	and the lew the bady after death.  Inding Med. Biscor  Ball  Ball	Stolf Phys.   CATION (City	ian death accurred an the date  238. DATE SIGNED  2/18/68  2/18/68  2/12/9  (Stote)
that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specily)  24D. I. B. C.	(1) (We) (did) (did not) v  Alle Phys  M.D. Alle Phys  MAME of CEMETERY or CRE	and the liew the bady after death.  Med. Director  23D. ADDRESS  MATORY  24D. LC	Stolf Phys.   CATION (City	ian death accurred on the date  238. DATE SIGNED  2/18/68  THE ONE  MA 2/229
that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, [24B. DATE   24C. N	(1) (We) (did) (did not) v  Alle Phys  M.D. Alle Phys  MAME of CEMETERY or CRE	and the lew the bady after death.  Med. Director  ADDRESS  MATORY  25C. FUNERAL DIRECTOR	Stolf Phys.   CATION (City	2/18/68 ril are md 2/229 , lown, or county) (State)
that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specily)  DURING 2-21-68	(1) (We) (did) (did not) v  Alle Phys  M.D. Alle Phys  MAME of CEMETERY or CRE	and the lew the bady after death.  Med. Director  ADDRESS  MATORY  25C. FUNERAL DIRECTOR	Stolf phys. Dellow (Final Phys. Cation (City)	ian death accurred an the date 238. DATE SIGNED 2/8/68  21/8/68  21/2/9  1, lown, or county) (Stote)



0 200			HEALTH DEPARTMENT		68- 2058
0 = 22.11 68-	205	8 CERTIFICA	TE OF DEATH	REG. NO	00 2000
I. NAME OF DECEASED				D HOUR OF DEATH	
(Type or Print)	DV DO	V			1069 6 45 1
GAITHER, BA			14. USUAL RESIDENCE (When	UARY 17	1968 6:45 A.M.
	. KE TROMOG	NICES STATE	A. STATE 8. COUN	TY	55
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITU	TION, GIVE STREET	MARYLAND	-	040-00
ST. AGNES			A	, ,	IDE CITY LIMITS?
WILKENS &			E. STREET AND NUMBER		YES NO NO
BALTIMORE,			4702 SAYER	AVE	
				9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
MALE		NEVER MARRIED X		lost birthdoy	Months Doys Hours Min.
	WID OWED [		02-16-68		14 05
10A. USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)				gn country)	12. CITIZEN OF WHAT COUNTRY?
	N	EWBORN	BALTO., MD.		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
RONALD GAITHER			MARY E. (01D	ONNELL) G	AITHER
15. Was Deceased Ever in U. S. Armed Forces	?	1 6. SOCIAL	17. INFORMANT	,	ENS EACHTON AVES
(Yes, na or unknown) (If yes, give wor or dotes of	of service)	NONE	ST.AGNES REC		0.,MD. 21229
18. 7 7 1/ (1)		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF CONDITION DIREC	CTLY		5) 1. 00	100	BETWEEN ONSET AND DEATH
LEADING TO DEATH		(A) IMMEDIATE CAL	ICE Gry Hughl	extric let	elic
(This does not mean the mode of dy heart failure, asthenio, etc. It means th			A CONSEQUENCE OF:		
injury or camplication which caused de		0 0	(	0 (	
ANTECEDENT CAUSES			stor rote	Vector.	10
DISEASES OR CONDITIONS, if any	y, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) st	lating the				
UNDERLYING CONDITION last.		(C)			
z 770,0 II	CIDILITA I C				
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1		VHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOI	RMED		VEC	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct locotion
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.)	e, farm, foctory, street, of	ffice bldg., INJURY OCCUR?		
U	Hand OTE	INJURY OCCURRED	21 F. HOW DID INJ	LINY OCCUPS	
S OF INJURY		le Al Mot Whil		OKT OCCOR:	
(APPROX.)	Wor	k At Work			
22. I certify that (X) (this hospital) a	ottended th	ne deceased from FE	BRUARY 16.	19 68 to FEB	RUARY 17. 19.68
that (){ (we) lost sow the deceased	olive on	FEBRUARY 17	19_68ond th	ot In (mx) (our) op	inion death occurred on the date
and hour and from the causes stated					
23A SIGNATURE	, 020.00 XI	7 (10) (2.0) (7.7) (4)	10. 11.0 0007 01101 0001111		23B. DATE SIGNED
240 10		Atte	ending Med.	Staff Phys.	2/12/61
23C. PHYSICIAN'S	1	DEGREE Phy	s. Director	Phys. 🝱	THE COTON AVEC
NAME (Type)	-/			WILK	ENS & CATON AVES
ESTHER EDERY M.		DEGREE		TAL-BALT	0.,MD. 21229
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NA	ME of CEMETERY or CRI	EMATORY 24D. L	OCATION (C	ity, town, or countyl (Stotel
Ricial 2-19-1	11	1 //	- P/ w. / F	11. 77	n'7 1201
171/16/15	X /	goend she	I DEDET	1111111	11/11/11
25A. DATE REC'D BY HEALTH DEPT. 25	SE NAME C	FREGISTRAR	25C. FUNERAL DIRECTOR	1110011 0	Z / ADDRESS
25A, DATE REC'D BY HEALTH DEPT. 25	SE NAME C	FREGISTRAR  Dev MA	25C. FUNERAL DIRECTOR Hymbulton	-Slack	Ellicott City

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3/7/68 - Correction form from funeral director.

FUNERAL DIRECTOR: IMPORTANT

-	< 11/				68- 2060
	58-	- 2060 CERTIFICA	TE OF DEATH	REG. NO	13000
I NAME OF	DECEASED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D HOUR OF DEATH	
(Type or Prin	1)	T Similar			110 20 1
2 DI ACE II	JOHN BALTIMORE, MARYLAND, WHE	J. SZETELA		ed 1968	stitution: residence before admissi
FULL NAM HOSPITAL ( INSTITUTION	E OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET ON)	A. STATE B. COUN C. CITY OR TOWN	TY	DE CITY LIMITS -03
350	CHURCH Haw	18 : Hospital	BALTIMULE  E. STREET AND NUMBER  606 S. LAKSWOO	n Avc	YES NO NO
S. SEX	6. RACE 7.			9. AGE (In years	If Under 1 Yr. , If Under 24 H
M	CAUC V	MARRIED NEVER MARRIED DIVORCED DIVORCED B. KIND OF BUSINESS OR INDUSTRY	10-13-91	lost birthdoy) 76	Months Doys Hours Min.
done during n	BRICLAYSE		FOLDND	USA	
13. FATHER	zonge Szetel	-4	MARY ANNA		B
	known) (If yes, give wor or dotes of		MRS, LilliAN	SZETELA	606 S. LAKEWOO
18. 4	SEASE OR CONDITION DIRECT	CAUSE OF DEAT		Λ	APPROXIMATE INTERVA BETWEEN ONSET AND DEA
	LEADING TO DEATH	(A)IMMEDIATE CA	USE Coulo Varenden A CONSEQUENCE OF:	Secident	4 DAVS
	aes not meon the made af dy siture, asthenia, etc. It meons the	ring, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	r camplication which caused de	eath.)			
	ANTECEDENT CAUSES				
DISEAS		(B)	S A CONSEQUENCE OF:		
	ES OR CONDITIONS, if any the above cause (A) st	, 9,,,,,,	A CONSEQUENCE OF		
UNDER	LYING CONDITION last.	(c)			
F TO THE	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TERMINAL			
	TE OF OPERATION 198. CONDITION WAS PERFORE	TON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ш					
OR CON	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give exact location)
OR CONDEATH	(notify medical examiner)  AE (Month) (Doy) (Year) (	home, form, foctory, street, o	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?		e City, give exact locotion)
OR CONDEATH  OF INJU	(notify medical examiner)  AE (Month) (Doy) (Year) ( JRY	Hour) 21E, INJURY OCCURRED  While At Not Whi	office bldg., INJURY OCCUR?		e City, give exact locotion)
OR CONDEATH	(notify medical examiner)  AE (Month) (Doy) (Year) ( JRY	home, form, foctory, street, cetc.) Hour) 21E. INJURY OCCURRED	office bldg., INJURY OCCUR?	URY OCCUR?	
V 21A. ACOR CON DEATH	(notify medical examiner)  AE (Month) (Doy) (Year) ( JRY	Hour) 21E INJURY OCCURRED  While At Not White At Work	office bldg., INJURY OCCUR?		
V 21A. ACOR CON DEATH OF INJU (APPRO)	(notify medical examiner)  AE (Month) (Doy) (Yeor) ( RY  K.)	Hour) 21E. INJURY OCCURRED While A1 Not White A1 Work strended the deceased fram	21F. HOW DID INJ	URY OCCUR?	2 - 16 196
21A. ACOR COP DEATH 21D. TIM OF INJU (APPRO) 22. I co	(notify medical examiner)  AE (Month) (Doy) (Year) (IRY  (X.)  Pertify that (I) (this haspital) a  (we) last saw the deceased (	Hour)  21E INJURY OCCURRED  While At Not White At Work  attended the deceased fram  alive on	21F. HOW DID INJ	URY OCCUR?	2-16 196
21A. ACOOR COP OR COP DEATH 21D. TIM OF INJU (APPRO: 22. I co that (1)	(notify medical examiner)  AE (Month) (Doy) (Year) (  RY  (X.)  ertify that (I) (this haspital) a  (we) last saw the deceased our and fram the causes stated	Hour) 21E. INJURY OCCURRED While A1 Not White A1 Work strended the deceased fram	21F. HOW DID INJ	URY OCCUR?	2 - 16 19 C
21A. ACOOR COP OR COP DEATH 21D. TIM OF INJU (APPRO: 22. I co that (1)	(notify medical examiner)  AE (Month) (Doy) (Year) (IRY  (X.)  Pertify that (I) (this haspital) a  (we) last saw the deceased (	Hour)  21E. INJURY OCCURRED  While At Not White At Work  attended the deceased fram  alive on 1  abave. (1) (We) (did) (did nat)	21F. HOW DID INJ	URY OCCUR?  19 8 ta at in(my) (aur) api	2 - 16 19 L nian death accurred an the c
21A. ACOOR COP OR COP DEATH 21D. TIM OF INJU (APPRO: 22. I co that (1)	(notify medical examiner)  AE (Month) (Doy) (Year) (  RY  (X.)  ertify that (I) (this haspital) a  (we) last saw the deceased our and fram the causes stated	Hour)  21E. INJURY OCCURRED  While At Not White At Work  attended the deceased fram  alive on 1  abave. (1) (We) (did) (did nat)	21F. HOW DID INJ  19 S and the view the bady after death.  Med. Director Di	URY OCCUR?	2 - 16 19 4
21 A. AC OR COP DEATH OF INJU (APPRO: that (1) and ha 23 A. SIG	(notify medical examiner)  AE (Month) (Doy) (Year) (IRY  (X.)  Pertify that (I) (this haspital) a  (we) last saw the deceased of the causes stated that the causes stated the cause	Hour)  21E INJURY OCCURRED  While At Not White At Work  attended the deceased fram  alive on 1  abave. (1) (We) (did) (did nat)	21F. HOW DID INJ  19 6 and the view the bady after death.	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 6  nian death accurred an the c  23B. DATE SIGNED  2 - 16 - 6 8
21 A. AC OR COP DEATH OF INJU (APPRO: that (1) and ha 23 A. SIG	(notify medical examiner)  AE (Month) (Doy) (Year) (  RY  (X.)  ertify that (I) (this haspital) a  (we) last saw the deceased our and fram the causes stated	Hour)  21E INJURY OCCURRED  While At Not White At Work  attended the deceased fram  alive on 1  abave. (1) (We) (did) (did nat)	21F. HOW DID INJ  19 S and the view the bady after death.  Med. Director Di	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 6  nian death accurred an the c  23B. DATE SIGNED  2 - 16 - 6 8
V 21A. AC OR COP DEATH OF INJU (APPRO: that (1) and has 23C. PM)	(notify medical examiner)  AE (Month) (Doy) (Year) (PRY)  Pertify that (I) (this haspital) at (we) last saw the deceased our and fram the causes stated NATURE  PARAIM BASS  AE (Type)  PARAIM BASS	home, form, foctory, street, of etc.)  Hour)  21E. INJURY OCCURRED  While At Not White At Work  Intended the deceased fram  alive on DEGREE  Att  Phy  DEGREE  R Z A G A  DEGREE	21F. HOW DID INJ  19 S and the view the bady after death.  Med. Director	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 6  nian death accurred an the c  23B. DATE SIGNED  2 - 16 - 6 8
21A. ACOR COP DEATH OF INJU (APPRO)  22. I co that (I) and had 23A. SIG	(notify medical examiner)  AE (Month) (Doy) (Year) (PRY)  Pertify that (I) (this haspital) at (we) last saw the deceased our and fram the causes stated NATURE  PARAIM BASS  AE (Type)  PARAIM BASS	Hour)  21E INJURY OCCURRED  While At Not White At Work  attended the deceased fram  alive on 1  abave. (1) (We) (did) (did nat)	21F. HOW DID INJ  19 S and the view the bady after death.  Med. Director	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 L nian death accurred an the c
21A. ACOR COP DEATH OF INJU (APPRO)  22. I co that (I) and had 23A. SIG	(notify medical examiner)  AE (Month) (Doy) (Year) (IRY  (X.)  Pertify that (I) (this haspital) a  (we) last saw the deceased of  ur and fram the causes stated  NATURE  SALTANIA  (SICIAN'S  ME (Type)  CREMATION, 24B. DATE	home, form, foctory, street, of etc.)  Hour)  21E. INJURY OCCURRED  While At Not White At Work  Intended the deceased fram  alive on DEGREE  Att  Phy  DEGREE  R Z A G A  DEGREE	21F. HOW DID INJ  19 S and the view the bady after death.  Med. Director	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 6  nian death accurred an the c  23B. DATE SIGNED  2 - 16 - 6 8
21A. ACOR COP DEATH OF INJU (APPRO)  22. I co that (I) and had 23A. SIG 23A	(notify medical examiner)  AE (Month) (Doy) (Year) (IRY  (X.)  Pertify that (I) (this haspital) a  (we) last saw the deceased of  ur and fram the causes stated  NATURE  Shraim BAR  (SICIAN'S  ME (Type)  CREMATION, 24B. DATE  VAL (Specify)  PAR A DATE  PAR A DATE  PAR A DATE	home, form, foctory, street, of etc.)  Hour)  21E. INJURY OCCURRED  While At Not White At Work  Intended the deceased fram  alive on DEGREE  Att  Phy  DEGREE  R Z A G A  DEGREE	21F. HOW DID INJ  19 S and the view the bady after death.  Med. Director	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 C nian death accurred an the o
21A. ACOR COP DEATH OF INJU (APPRO)  22. I co that (I) and had 23A. SIG 23A	(notify medical examiner)  AE (Month) (Doy) (Year) (IRY  (X.)  ertify that (I) (this haspital) a  (we) last saw the deceased of  ur and fram the causes stated  NATURE  SICIAN'S  ME (Type)  ARAIM BAR  CREMATION, 24B. DATE  VAL (Specify)  RIAL (3-19-196)	home, form, foctory, street, of etc.,  Houri 21E INJURY OCCURRED  While A1 Not White A1 Work  Intended the deceased fram alive on Degree Physics  R Z A G A DEGREE Physics  24C NAME of CEMETERY of CR	21F. HOW DID INJ  19	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 C nian death accurred an the o
21A. ACOR COP DEATH OF INJU (APPRO)  22. I co that (I) and had 23A. SIG 23A	(notify medical examiner)  AE (Month) (Doy) (Year) (IRY (X.)  Pertify that (I) (this haspital) a  (we) last saw the deceased of the causes stated of the causes stated of the causes stated of the causes stated of the cause of t	home, form, foctory, street, of etc.)  Houri 21E, INJURY OCCURRED  While A1 Not White A1 Work  Intended the deceased fram alive on DEGREE  R Z A G A DEGREE  24C NAME of CEMETERY OF CR	21F. HOW DID INJ  19	ury occur?  19 & ta at in(my) (aur) api  Shaff Phys.	2 - 16 19 C nian death accurred an the 23B. DATE SIGNED 2 - 16 - 6 8

(IMELS) Aspel Apple Sames - Series Mary Hold . Tel. of were that I think so seems for bol & hall

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VS 1S1-REV. 1/1/68

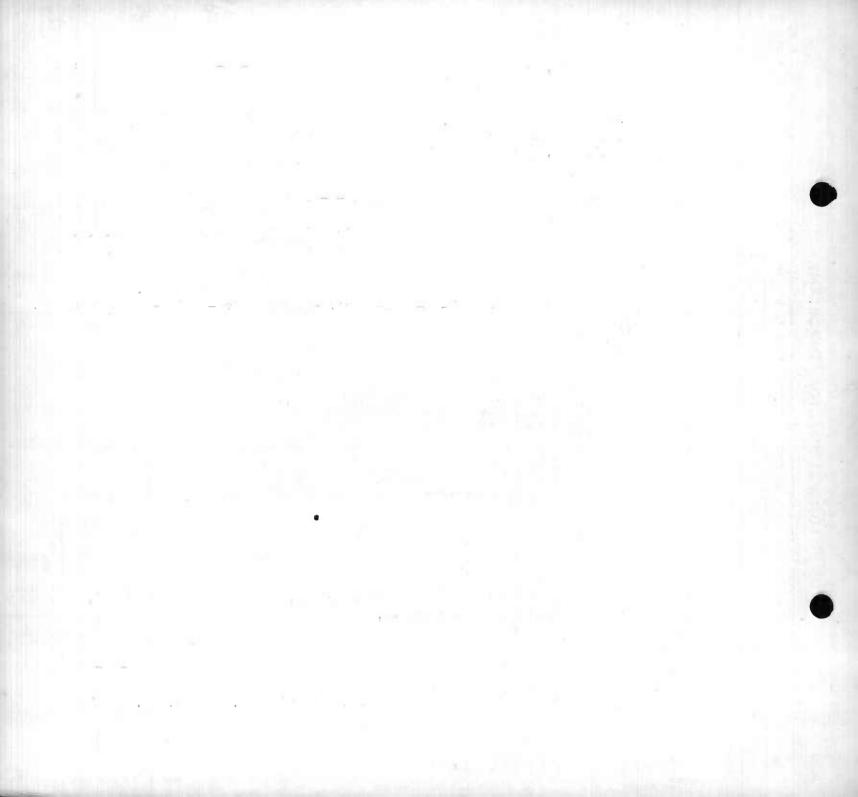
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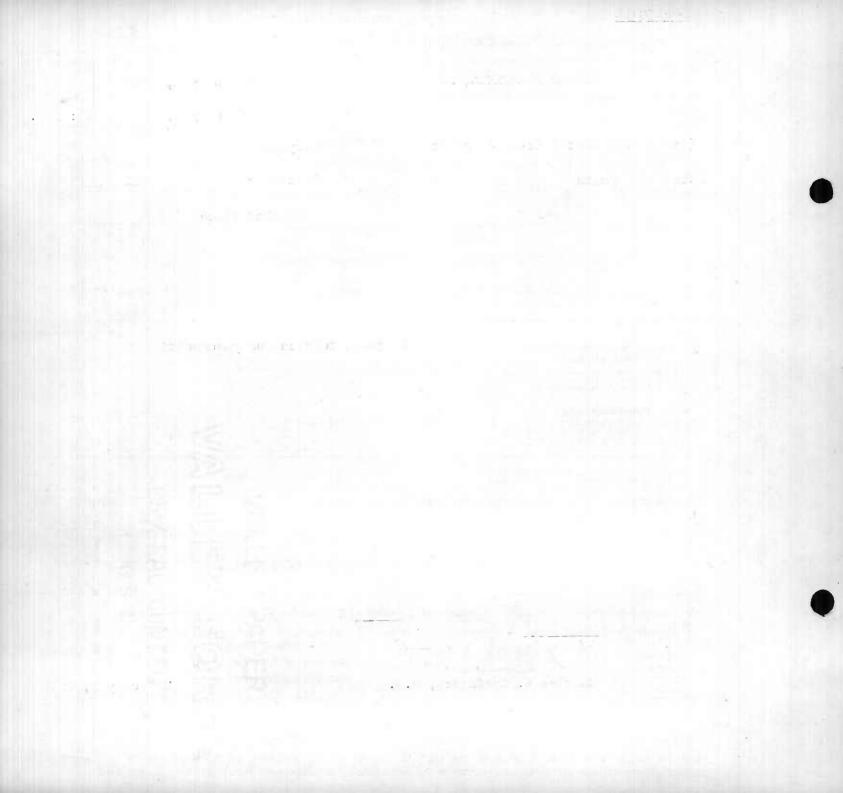
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	and
d to	th);
lease iden	o dec
ate m as re	rior t
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.C.A. at a nospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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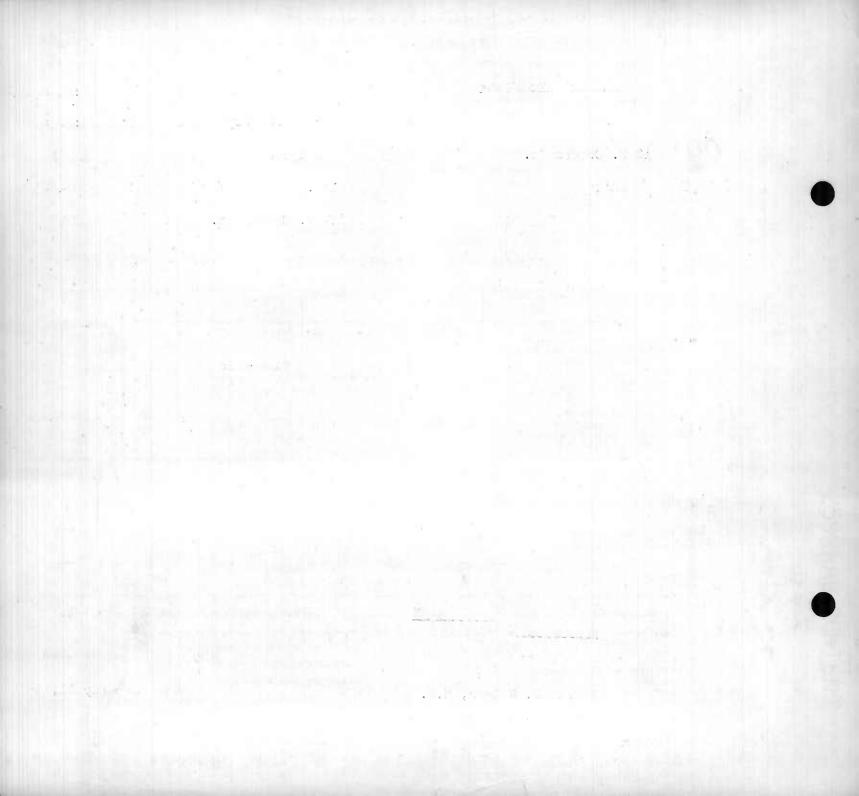
BALTIMORE CITY HEALTH DEPARTMENT  68-2062 CERTIFICATE OF DEATH  1. NAME OF DECEASED (Type or Print)  Mon. Lee  2-1/-68  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution:	2:41
I. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  (Type or Print)	2000
Type or Print)	
Moon, Lee	1 6. 15 TM
BLACE IN BALTIMORE MADE AND WHERE BRONGINGED DEAD	6: 15 PM M
FULL NAME OF ADDRESS OR LOCATION) NSTITUTION Provident Hospital Inc.  1514. Division Street  A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore  YES [X]	O3
Baltimoee, aryland 21217  Baltimoee, aryland 21217  Baltimoee, aryland 21217	
SEX 6. RACE 7. MARDIED ALEVED MARDIED 8. DATE OF BIRTH 9. AGE (In years If Und	er 1 Yr. , If Under 24 Hrs.
MIDOMETER DIVORCED IN A CO.	Days Haurs Min.
	IZEN OF WHAT COUNTRY
une during most of working life, even if retired)  Virginia	U.S.A.
FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT	ADDRESS
(es, na ar unknown) (If yes, give war ar dates of service) SECURITY NO. Norfolk Va.	ADDK622
217-10-2361-A Mrs. Lillian Tyson- Neice- 945	Tifton St.
(A) IMMEDIATE CAUSE  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  (C)  (C)  (B)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)  (C)  (C)  (D) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  (D) THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  (D) THE OF OPERATION TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  (D) THE OF OPERATION TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTING CAUSES OF TO THE DEATH WAS UNDERLYING TO THE TERMINAL DISEASE OR CONTRIBUTING CAUSES OF TO THE DEATH MAS UNDERLYING TO THE TERMINAL DISEASE OR CONTRIBUTING CAUSE OF THE	
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White At Wark At Wark	
22. I certify that (I) (this haspital) attended the deceased from February 13, 1968 to February that (I) (we) lost sow the deceased alive on February 14, 1968 and that in (my) (our) opinion decond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	
22. I certify that (I) (this hospital) attended the deceased from February 13, 1968 to February that (I) (we) lost sow the deceased alive on February 14, 1968 and that in (my) (our) opinion decond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys. Attending Phys. Phys. Attending Phys. Phys. Attending Phys. Phys	oth occurred on the dote
22. I certify that (I) (this haspital) attended the deceased from Fabruary 13, 1968 to February that (I) (we) lost sow the deceased alive on Fabruary 14, 1968 and that in (my) (our) opinion decond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys. Attending Director Phys. 22  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	oth occurred on the dote
OF INJURY (APPROX.)  White At	oth occurred on the dote



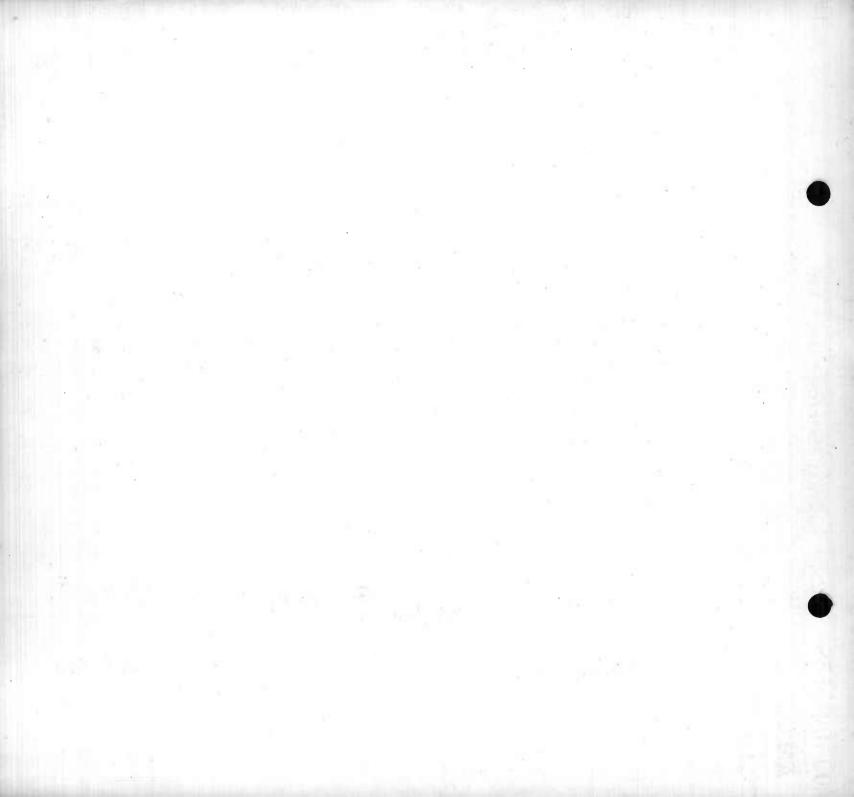
MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.    NAME OF DECEASED   EDWARD FORESTELL, JR   2. DATE OF Print)   DOY DEATH	
NAME OF DECEASED   Comparison	3
EDWARD FORESTELL, JR	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (rear) 706 East Baltimore Street  6. SEX Male White Widowed Divorced 9. Date of Birth 10. AGE (In years) Individual birthdoxy 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  14. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission at STATE Maryland  10. Inside City Limits?  No  No  No  No  No  No  No  No  No  N	M
ADDRESS OR LOCATION   ADDRESS OR LOCATION	
(rear) 706 East Baltimore Street  A. STATE Maryland  B. COUNTY  D. INSIDE CITY LIMITS?  NO   PER X NO   10. AGE (in years   if Under 1 Yr. if Under 24 Hrs.   if Under 1 Months, Days   Haurs   Months, Days   Months, Days   Haurs   Months, Days   Months,	A. <sub>M</sub>
Male White WIDOWED DIVORCED Baltimore VES X NO DIVORCED STORED STREET AND NUMBER Last birthdoy)  9. DATE OF BIRTH  10. AGE (In yeors In Under 1 Yr. If Under 24 Hrs. Last birthdoy)  45  11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  WHAT COUNTRY?  144. USUAL OCCUPATION (Give kind af work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  46  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates af service)  17. SOCIAL SECURITY NO.  19. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  Bilateral tuberculous pneumonitis	1
9. DATE OF BIRTH  10. AGE (In years In under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min. Last birthday)  45  11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  144. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of working life, even if retired)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  APPROXIMATE INTER BETWEEN ONSET AND  DISEASE OR CONDITION DIRECTLY  Bilateral tuberculous pneumonitis	
WHAT COUNTRY?  1.4A. USUAL OCCUPATION (Give kind of work) 1.4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  dane during most of working life, even if retired)  1.6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service)  1.7. SOCIAL SECURITY NO.  1.8. INFORMANT  ADDRESS  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  Bilateral tuberculous pneumonitis	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknawn) (If yes, give war or dates of service)   17. SOCIAL SECURITY NO.   18. INFORMANT   ADDRESS     19.	
(Yes, no ar unknown) (If yes, give war or dates of service)  SECURITY NO.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  Bilateral tuberculous pneumonitis	
DISEASE OR CONDITION DIRECTLY  Bilateral tuberculous pneumonitis	
DISEASE OR CONDITION DIRECTLY  Bilateral tuberculous pneumonitis	FRVAL
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g.,  DUE TO OR AS A CONSEQUENCE OF	
(Inis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseose, Injury or complication which caused death.)	
infory of complication which coosed death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
I INDERLYING CONDITION LAST	
(C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21. AUTOPSY? (Yes or N	
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21. AUTOPSY? (Yes or N	Na)
Yes  4 22A. EXTERNAL CAUSE WAS   22B.PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)	_
UNDERLYING OR CONTRIB- home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?	
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
23.	
I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion	
resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner	
CHIEF MEDICAL EXAMINER DATE SIGNED	ED
SIGNATURE CLASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER February 1 1968	8
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	)
REMOVAL (Specify) 2-15-68	
INIVERSITY MEDICAL SCHOOL	
FEB 23 1968 PLANT E. STANDARY SERVICE BCHD	



VS 151-REV. 1/1/68



. /	1125 40 7-117	876 BALTIMORE CITY	HEALTH DEPARTMENT		68- 2065		
H	-63 14 - 68 - 02550 68 - 2	065 CERTIFICA	TE OF DEATH	REG. NO.	7,000 4		
1. N.	AME OF DECEASED 4 Harlo	JIGUT HARA	BARGERA 6	D HOUR OF DEATH	199m ~		
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAR	4. USUAL RESIDENCE (When	e deceased fived. If institu	tion: residence before admission		
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?		
11	6	The second	130	ilts Co YE	S ON		
7	LUTHERAN H	OSTILAL	E. STREET AND NUMBER		53.00		
6.5	- MANI			9. AGE (In years III M	onths Doys Haurs Min		
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	on country)  Thoop	2. CITIZEN OF WHAT COUNTR		
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	REMINES		
	Seston Han!	regers	Shirle	y Hard	Jargon		
S. V Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknawn) Uf yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS		
_	18. — 7 — 24	CAUSE OF DEATH			APPROXIMATE INTERVAL		
	(This does not mean the made of dying, head lailure, asthenia, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givine to the above cause (A) stoting UNDERLYING CONDITION last.	(B)	A CONSEQUENCE OF:	J			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yos of No	1208. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, after.)	ar obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If In Baltimare C	ity, give exoct location)		
	21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	While At Not While At Work	21F. HOW DID INJ	URY OCCUR?	11.		
	22. I certify that (I) (this haspital) attended the deceased from 19 to 19 to 19						
	that (1) (we) last saw the deceased alive an 2/6/68 19 and that in (my) (aur) apinian death accurred an the dat						
	that (I) (we) last saw the deceased alive	an /6/65	19_/and the	at in(my) (aur) apinia	n death accurred an the do		
- 1	that (I) (we) last saw the deceased alive and haur and fram the causes stated abov	6 /					
Į.		ve. (I) (We) (did) (did nat) v	iew the bady after death.	23	n death accurred an the da		
Į.	and have and from the causes stated above 23A. SIGNATURE	ve. (1) (We) (did) (did nat) v	nding Med.				
Į.	and haur and fram the causes stated above	ve. (I) (We) (did) (did nat) v	iew the bady after death.	Shaff			
	and have and from the causes stated above 23A. SIGNATURE  -13 Fleth of with 23C. PHYSICIAN'S NAME (Type)	ve. (1) (We) (did) (did nat) v	nding Med. Director ANATOMY B	Shaff			
24 <b>A</b>	and have and from the causes stated above 23A. SIGNATURE	ve. (1) (We) (did) (did nat) v  DEGREE  DEGREE	nding Med. Director ANATOMY B	Shoff Phys. 23  OARD OF M  OCATION DICA(Eity.	ARYLAND  STITUTE  ADDRES		



	1,200	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2065
BIF	MH NO. 68-0343368-	2066 CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED pe or Print)  Rank	1 11/2 12	2. DATE AN	D HOUR OF DEATH	1 2130 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. Il in	stitution: residence before admission)
Ho	ILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D INICI	DE VITY UMITS?
IN	STITUTION	,	C. CITT OK TOWN	D. 11431	YES NO !
3	Illercy Ha	spital.	STREET AND NUMBER	KTERS	town Rof
5.	SEX 6. RACE 7. MAI	RRIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
104	Negro WIDO	OWED DIVORCED DIVORCED	2-7-68	an country)	12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life (given if retired)			go coomy,	TE CHILLY OF WHAT COOKING
13.	FATHER'S NAME	-	14. MOTHER'S MAIDEN NAM		
15	Wos Deceosed Ever in U. S. Armed Forces?	JONES 16. SOCIAL	FRANCE:	s Tola	Wade.
(Ye	s,no or unknown) (II yes, give wor or dotes of set		IV. INFORMANT		ADDRESS
-	18. 7 7 7 X I	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		Emm.	Aturite	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:	1 100,007 10	7 0 3 19
	injury or complication which caused death.)  ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony,	giving (B)	A CONSEQUENCE OF:		••••••••
	rise to the obove cause (A) stoling UNDERLYING CONDITION lost.	(C)			
7	776 X II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBU- TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct location)
	21 D. TIME (Month) (Doy) (Year) (Hours		21F. HOW DID INJ	JRY OCCUR?	
	(APPROX.)	Work L At Work		11	1
	22. I certify that (I) (this hospital) attentiat (I) (we) last saw the deceased alive	_ /	1	9 6 8 ta 7	nign death accurred on the date
	and haur and from the causes stated abo	ive. (I) ( <u>We) (did) (</u> did nat) v	lew the bady after death.		
	and hour and from the causes stated abo	1		Stoff (S)	23B. DATE SIGNED
	23A. SIGNATURE  23C. PHYSICIANS  23C. PHYSICIANS	afler OEGREE Phys	nding Med.	Shaff Phys.	23B. DATE SIGNED Z-5-68
	23A. SIGNATURE Der	afler OEGREE Phys	nding Med. Director		23B, DATE SIGNED  Z-5-68  EVI AND
24.	23A. SIGNATURE  23C. PHYSICIANS NAME (Type)	OEGREE Phy	nding Med. Director 23D. ADDRESS	DOF MAI	Z-5-68  RVI AND  ty, town, or county) (Stote)
	23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  2-15-68	OEGREE Physics OEGREE	nding Med. Director 23D. ADDRESS	DOF MAI	2-9-68 RYLAND
25	23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  2-15-68	OEGREE Phy  OEGREE  Atto Phy  OEGREE  Atto Phy  OEGREE  OEGREE	Med. Director  23D. ADDRESS  ATOMY BOAR MATORY  24D. LE  IVERSITY ME	DOF MAI	RYLAND  Ty, town, or county) (Stote)  CHOOL

Fred Fred St.

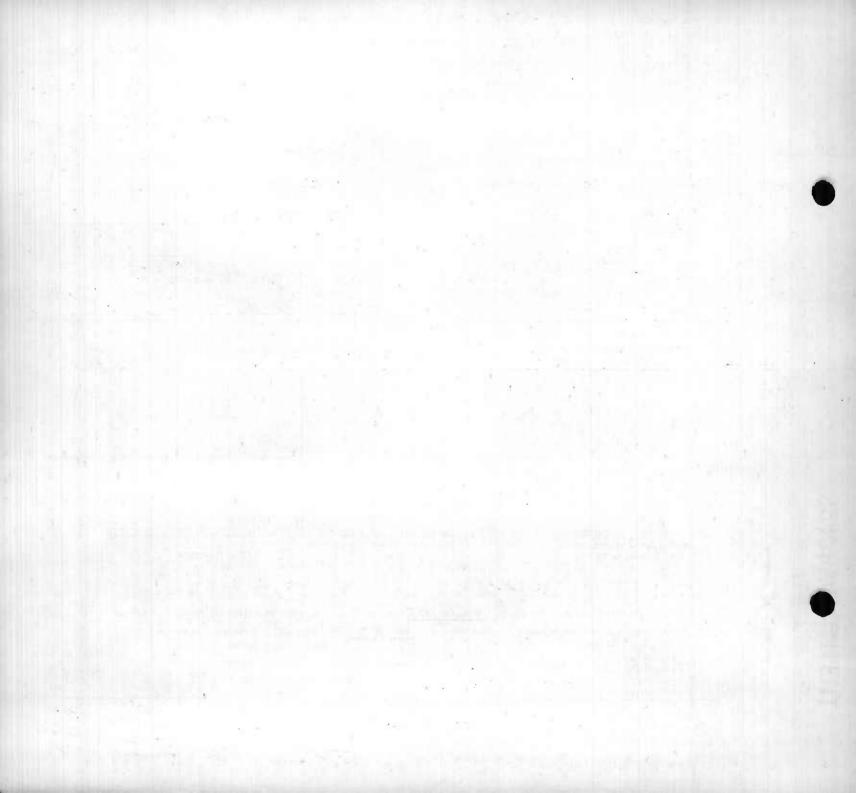
25C. FUNERAL DIRECTOR

T. Fisher 1930

25B. NAME OF REGISTRAR

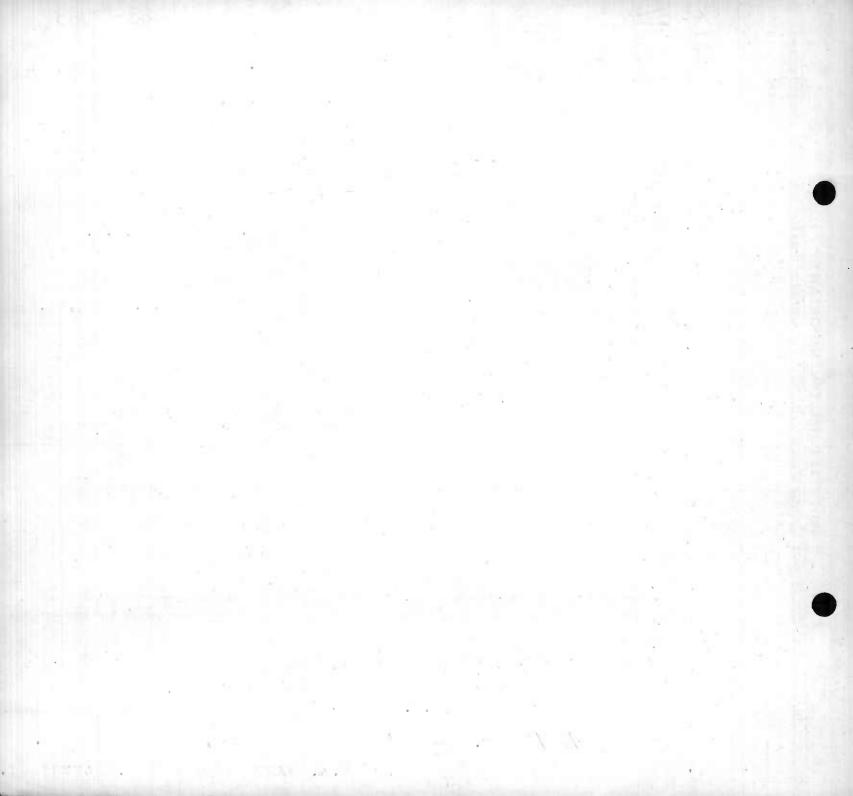
Robert E, Farley M.

25A. DATE REC'D BY HEALTH DEPT.



VS 150-REV. 1/1/68

IMENT	0000
ATH REG. NO	68- 2068
DATE AND HOUR OF DEATH	
Feb. 19,1968  NCE (Where deceased lived, if in the county)	7:35 A. M. institution: residence before admission)
Balto.City	
D. INS	SIDE CITY LIMITS?
ore	YES NO
ore NUMBER rd Hotel	11-02
9. AGE (In years lost birthday) 92	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
itate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ım Md	TT C A
um, Md.	U.S.A.
ith	
	ADDRESS
ns Memorial Ho	sp. Balto, Md.
0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ularlocal	late 3dans
OF:	
relessies	Tlans
OFA	1
D	Gen
(Yes or No) 208, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED
	ore City, give exoct locotion)
W DID INJURY OCCUR?	
1967 to 6	2- 19 1968.
	ninion death occurred on the data
er deoth.	pinion deoth occurred on the dote
	23B. DATE SIGNED
d. Staff Phys.	2-19-68
000 Caton Ave.	
Memorial Hosp	ital City, lown, or county) (Stote)
TEXAS,	MD.
EARS & SON 80	05 N. CALVERT ST.



FUNERAL DIRECTOR: IMPORTANT

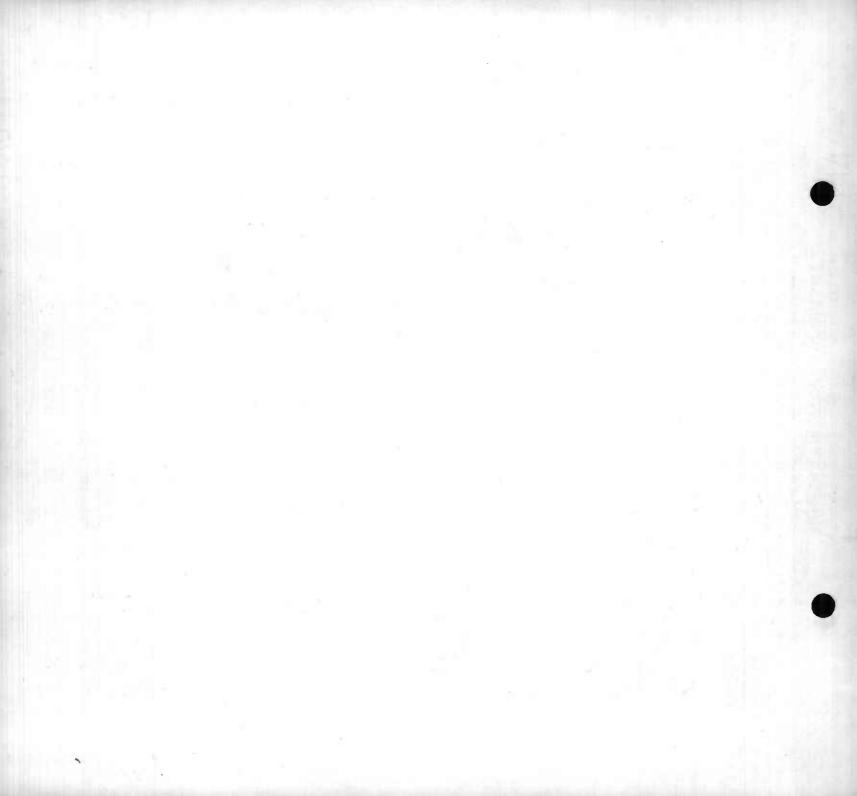
5-260 6	0 -00	BALTIMORE CITY	HEALTH	DEPARTMENT	1/	6	9 13	1.5
2 260 6	5- 34	SERTIFICA	TE O	F DEATH	REG. N	0	3- 2	.00
INAME OF DECEASED					ND HOUR OF D	FATH		
Type or Print) SEGAR,	PETER				RUARY 2		968	3:20F
B. PLACE IN BALTIMORE, MARYLAND,		JNCED DEAD	4. USUA	L RESIDENCE (Whe	ere deceased lived			
IOSPITAL OR ADDRESS OR LOG	ITAL OR INSTITU	JTION, GIVE STREET	MAR	YLAND OR TOWN		INCIDE	CITY LIMITS?	50
NSTITUTION				TIMORE			s $\square$	NO TY
#O ST. AGN	ES HOSF	PITAL	E. STREE	T AND NUMBER  O VERMON	T AVE			1-2
SEX 6. RACE	17	7	B. DATE		9. AGE (In years		Under 1 Yr.	, If Under 24 H
MALE WHITE		NEVER MARRIED DIVORCED	10/0		lost birthdoy	N	onths Doys	Hours Min.
A. USUAL OCCUPATION (Give kind of wo	WIDOWED	Land Land				la la	2 CITIZEN O	F WHAT COUN
one during most of working life, even if retired RETIRED		John Color of the		NGARY	orgin coomity,		UNKNO	
3. FATHER'S NAME PETER SEGER				HER'S MAIDEN NA ANNA XAXMX BAK				
S. Was Deceased Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFOR		.— 1 \		ADD	RESS
es, no or unknown) (If yes, give wor or do	ites of service)	SECURITY NO.	CT	ACNEC II	OCDITAL	DEC	ODDC	
NON E		215-05-5247	51.	AGNES H	USPITAL	REU	JKD2	ROXIMATE INTERVA
DISEASES OR CONDITIONS, if use to the above couse (A UNDERLYING CONDITION lost.	ony, giving ) stoting the ONTRIBUTING	(B) // CART DUE TO, OR AS		DISCA SE				
DISEASE OR CONDITION GIVEN IN PA	ART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI			WERE FINI	NDINGS CONSIDERED	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B, hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or about fice bldg.,	21C. WHERE DID	(If in Bo	altimore C	ity, give exac	t location)
21D.TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		INJURY OCCURRED  Ile At  Not While  At Work	e 🗀	21F. HOW DID IN	JURY OCCUR?			
22. I certify that (X (this hospit that X) (we) lost saw the deceo					19 68 to	FEBR	UARY 2	20 19 68
ond hour and from the couses st						,		
23A. SIGNATURE		/ 04 - / (444 044) /		,		23	B. DATE SIG	NED
Kt Keine	C .	Dhan	nding	Med. Director	Staff Phys.		2-20-6	68
23C. PHYSICIAN'S NAME (Type)	T. Control of the Con	DEGREE	23D. ADD		rnys. —			
DR RODOLFO RE	VILLA	OEGREE		CATON &	WILKENS	AVE	BALT	0, MD 2
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 2/23		ME of CEMETERY OF CRE			LOCATION		town, or cour	nty) (Stote
SA. DATE REC'D BY HEALTH DEPT.	/68 Lo	oudon Park Cem		UNERAL DIRECTO	timore,	eryl		DDRESS
CES 93 1068 A 0	HE Fa		me	Culles F.		7 Pat		Ave. 212
S 150-REV. 1/1/68	U C., 43	,		1			•	

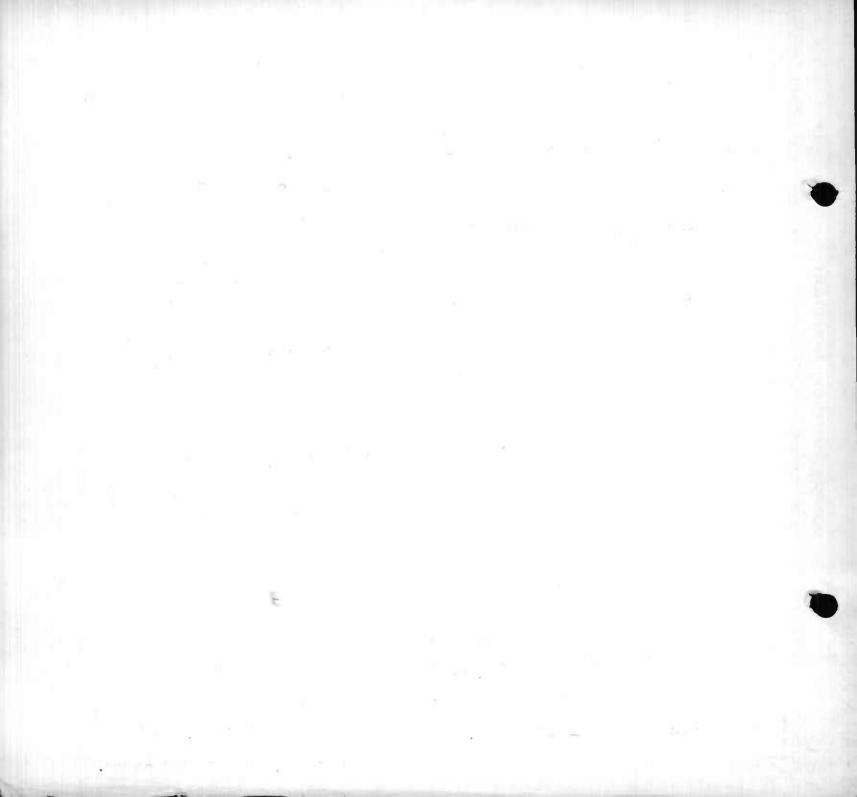
Ly' relocati January Alexander gradu Vandi ay The state of the s

REMARKS IN THE SALARS THE

D C DIDTU A	
1.NAM (Type or	Print) HENRY BROWN 2-18-68 5:30 Pm.
3. PLAC	CE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL N HOSPIT INSTITU	JTION
49	NORTH CHARLES GEN. 1405P.  E. STREET AND NUMBER  9205 PAVEN 11090 D. POP BALTO.
5. SEX	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MA. USI	LE WHITE WIDOWED DIVORCED 7-14-1906 62  UAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12, CITIZEN OF WHAT COUNTRY?
2	ring most of working life, even if retired)  De 14 Employed Electrical Wholesafer Balto, Md. AMERICAN
13. FAT	14. MOTHER'S MAIDEN NAME  Minna Braun
15. Was (Yes,no	or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 214-01-8897 Regina R. Brown - 9205 Raven wood Ra
he	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  is does not mean the made of dying, e.g., art failure, asthenia, etc. It means the disease, ury or camplication which caused death.)  CAUSE OF DEATH  ACLE  DUE TO, OR AS A CONSEQUENCE OF:
DI:	ANTECEDENT CAUSES  SEASES OR CONDITIONS, if ony, giving e la lhe obave couse (A) sloting lhe NDERLYING CONDITION last.  (B) Substitution (B) Substitution (B) Substitution (C) S
ATION OIL	HER SIGNIFICANT CONDITIONS CONTRIBUTING  THE DEATH BUT NOT RELATED TO THE TERMINAL  SEASE OR CONDITION GIVEN IN PART 1 (A).  A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
ERTIF	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
OR	A. A CCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF ATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR?  INJURY OCCUR?
21E	D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED  While At Not While Work 21E. INJURY OCCURED  While At Work 21E. INJURY OCCURED
the	of (I) (this hospital) attended the deceased fram 1965 to 2-18 1965 of (I) (we) lost sow the deceased alive an 2-18 1965 and that in(my) (our) applicant death occurred on the data deceased observed (I) (We) (did) (did not) view the bady after death.
	Attending Med. Staff 238, DATE SIGNED  OUR STAFF OF THE SIGNED  OUR STA
	C. PHYSICIAN'S NAME (Type) DR. S. STERN 23D. ADDRESS RidgE Rd.
24A. BI	URIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  LATERICA DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
EE	B 23 1968 Robert E. Falley E. John C. Miller Inc-6415 Belair Ro

BALTIMORE CITY HEALTH DEPARTMENT





ACTUAL SIGNATURE EXAMINER SIGNATURE

EXAMINER'S NAME (Type)

24A. BURIAL CREMATION, PEMOVAL (Specify)

Burial

2/20/68

Riverview Cemetery

Waynesboro, Va. Augusta County

25A. DATE REC'D BY HEALTH DEPT.

PEB 2 3 1968

PEB 2 3 1968

PAGE SIGNED

2/17/68

ASSISTANT MEDICAL EXAMINER

2/17/68

ASSOCIATE MEDICAL EXAMINER

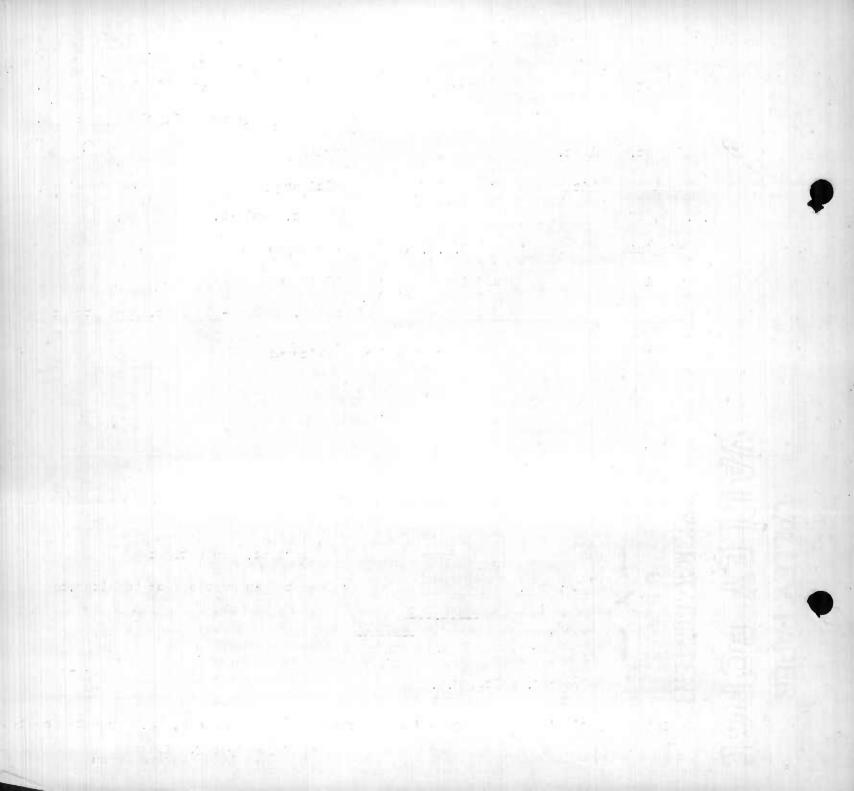
2/17/68

Waynesboro, Va. Augusta County

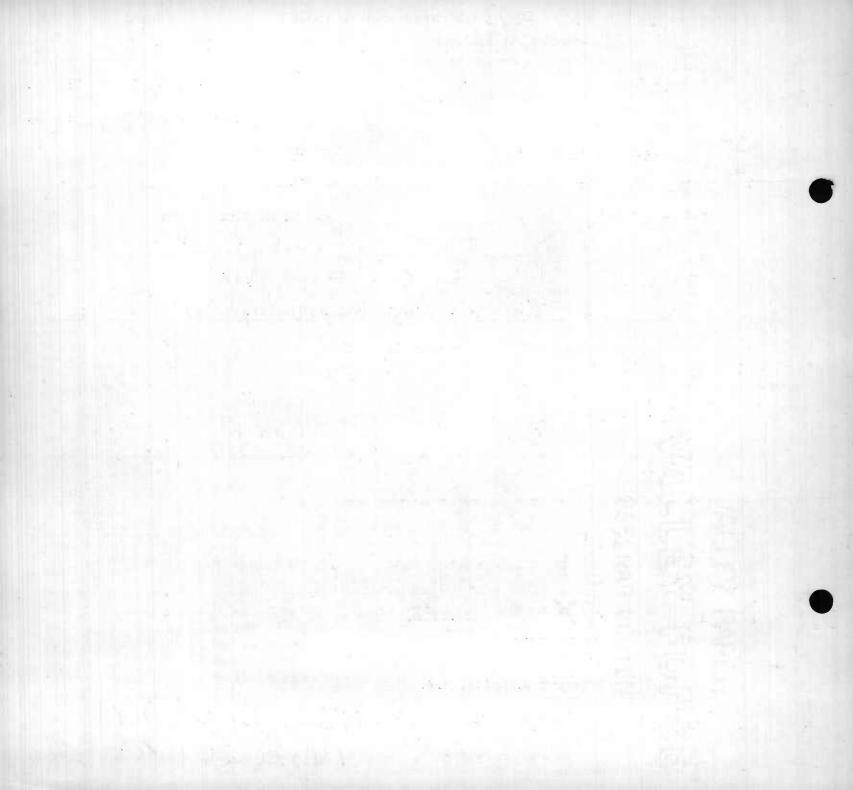
25C. FUNERAL DIRECTOR

McDow Tyree (per T. Fisher)

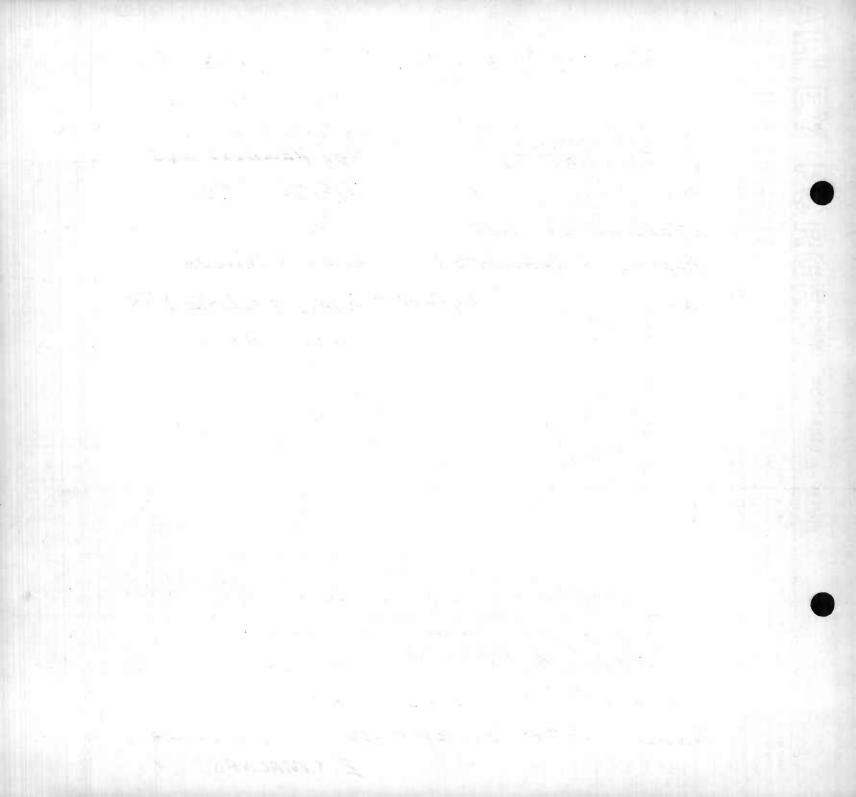
1930 Eastern Avenue



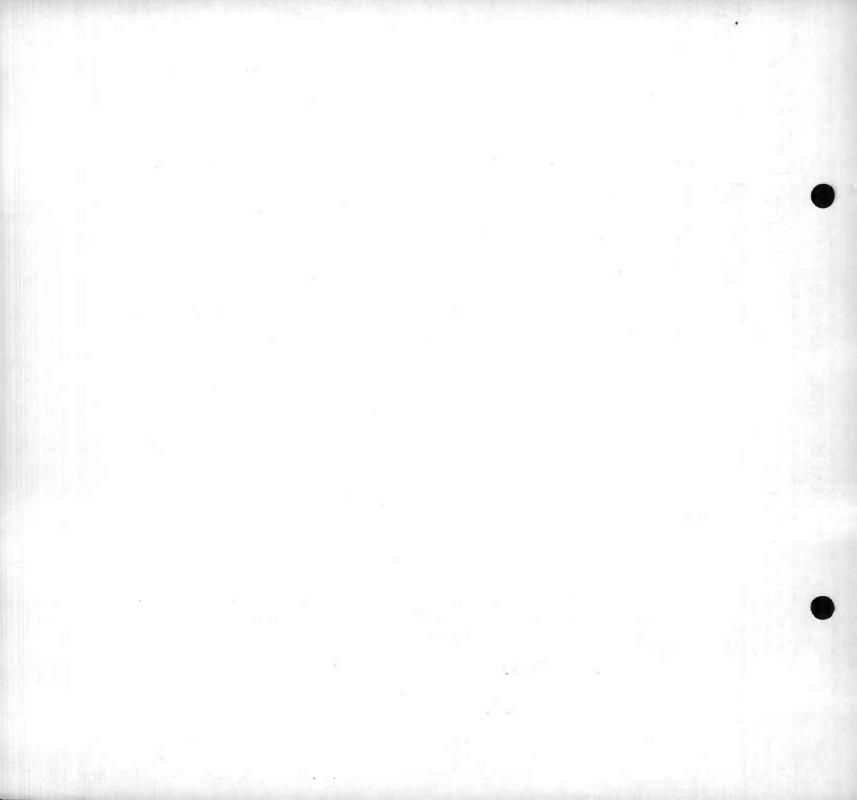
MEDICAL EXAMINED'S	CEDTIEICATE OF DEATH	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO	68 - 2073
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Doy	Yeor Haur
WILLIAM VOREL	DEATH Estimoted   February 20,	1968 7:30 A <sub>M</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day PRONOUNCED DEAD	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	February 20, 19	
OR INSTITUTION	S. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY	residence before odmission)
Hopkins Hospital (DOA)	Maryland	7-02
8. MARRIED NEVER MARRIED		S. Car
Male White WIDOWED DIVORCED		NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.		
11. NRTHPLACE (Stote or foreign country) 12. CITIZEN OF	841 N. Montford Avenue	
Mary and WHATCOUNTRY?	Joseph Vokel	
IAA.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	Y IS. MOTHER'S MAIDEN NAME	
Distribution Holventising Co.	Hanes VIK	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, per unknown) (If yes, give war ar dates of service)  SECURITY NO.	18. INFORMANI	PRESS IF DA.
ne di8-05-1/30	11/16 W. NOVE 1 841 11.	MAY ONG OF
19. 4-7 3 XI	ATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Bronchia	l Asthma	
LEADING TO DEATH  (A) IMMEDIATE  (This does not mean the mode of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar complication which coused deoth.)	AS A CONSEQUENCE OF.	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
		No
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g. hame, form, factory, street, affi	in or about 22C. WHERE DID (If in 8altimare City, give exacte bldg., etc.) INJURY OCCUR?	t lacation)
☐ UTING ☐ CAUSE OF DEATH.		
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
m. WORK AT	WHILE WORK	
I certify that I held on Inquiry Inspection A		-1-1
	ond that on this basis, death in my c	ppinian 7
resulted from: Natural causes X Accident Suici	de HomicIde Undetermined manner CHIEF MEDICAL EXAMINER	
ACTUAL 11001 171 5 3	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE COMPANY COMP		2/20/68
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY	OF CREMATORY 240 TO CATION (City, 100)	ar causty) (State)
BURIER 2/23/68 Holy Rocke	eved entry Porta	hol.
25 A. DATE REC'D BY HEALTH DEPT 258. NAME OF DEGISTRAR	25 9 FUNERAL DIRECTOR AD	DRESS
LER 83 1868, OPPORT & GOVERNING	1 hulp to vary 1211	Chopseltal
VS 1S1-REV. 1/1/68	The state of the s	4.1
	V	



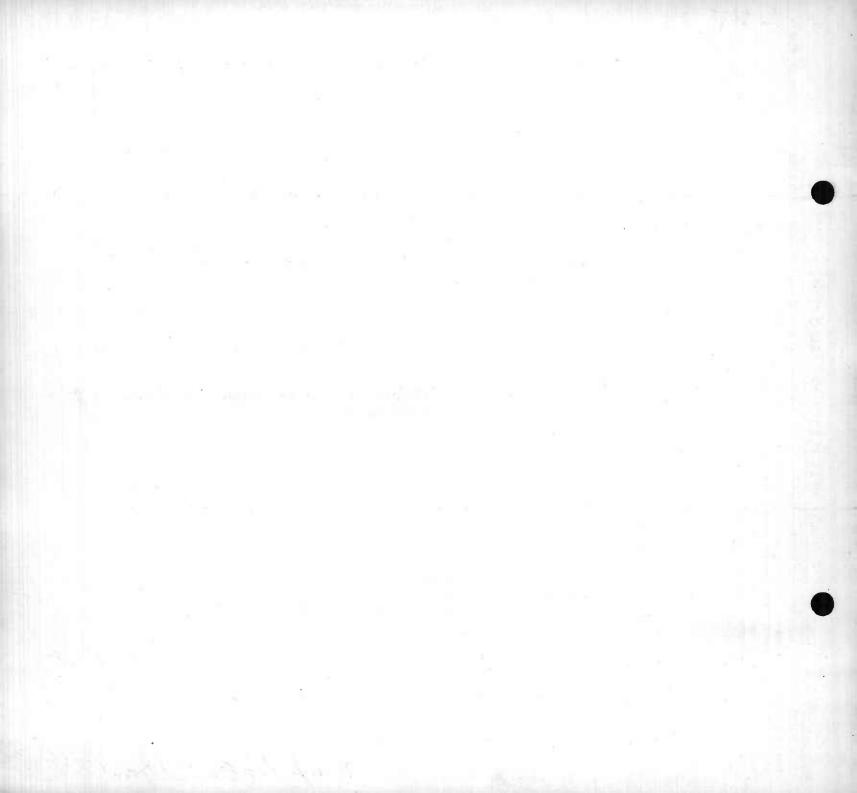
1.00 200	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	68- 2074
88	- 2074 CERTIFICA	ATE OF DEATH	REG. NO	00 ,5011
INAME OF DECEASED	40		ID HOUR OF DEATH	
(Type or Print) WILLIAM	MCALLISTER	F	EB 20, 19	168 11:33 a. m.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission)
	AL OR INSTITUTION, GIVE STREET (TION) ALESCENT HOME	C. CITY OR TOWN	BALTOC D. INS	IDE CITY LIMITS?
903706 NORTON	And the second s	E. STREET AND NUMBER	E	YES NO X
BALTIMONE,	MD	308 NEWB	BURG AV.	E
Male White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1/5/15	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPEACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
STEEL WORKER	RET	TA.		U.S. a.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	•	
ALEXANDER MC.	ALLISTER	ELIZA A. M	11LLER	
15. Was Docoosed Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wer or date	s of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	LLISTER	ADDRESS
18. / / )	CAUSE OF DEA	TH	LL/JIER	APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	RECTLY Arteur	isselevotic heari	+ 1ise	BETWEEN ONSET AND DEATH
LEADING TO DEATH		USE A CONSEQUENCE OF:	a seast	3 years
(This does not mean the made of heart failure, asthenia, etc. It means injury ar camplication which caused	the disease,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if	ony, giving	S A CONSEQUENCE OF:	•••••	
rise to the above cause (A) UNDERLYING CONDITION last.	(C)			
z 420,0 II	NITRIBUTING			
O OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL			
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (o.g., home, form, loctory, street, otc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II In Boltimo	re City, give exoct locotion)
OF INJURY (APPROX.)  (Month) (Doy) (Yoot)	While At Not Wh	21F. HOW DID INJ	URY OCCUR?	
	Work L Al Work	Pro //	1061	Feb 20 1968
22. I certify that (I) (this-hespital	£ / / / 1	60/0/	19ta	when the consequences are the second of the
that (I) (we) last saw the decease			arin(my) (eer) api	inlan death accurred an the date
and haur and from the causes stated	ea abave. (I) (me) (aid) (did nat)	view the bady after death.		23B, DATE SIGNED
Albert 5	) l	rending Mod.	Staff D	Feb 20 1968
23C. PHYSICIAN'S	DEGREE Ph	23D. ADDRESS	Phys.	120, -0, 1/00
ARRAHAM R H	RWITZ MA	7501 Liberte	-RI BODE	Cerore Mes
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI		OCATION (C	city, town, or county) (Stole)
REMOVAL (Specify) 2/23/1	18 REVERLY HIL		MANENI	ACO. 6/. VA
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	, SH-11	ADDRESS
EEB 23 1968 R.C.	BE, Janey	E.S.MACI	NABB	
VS 150-PEV 1/1/68				



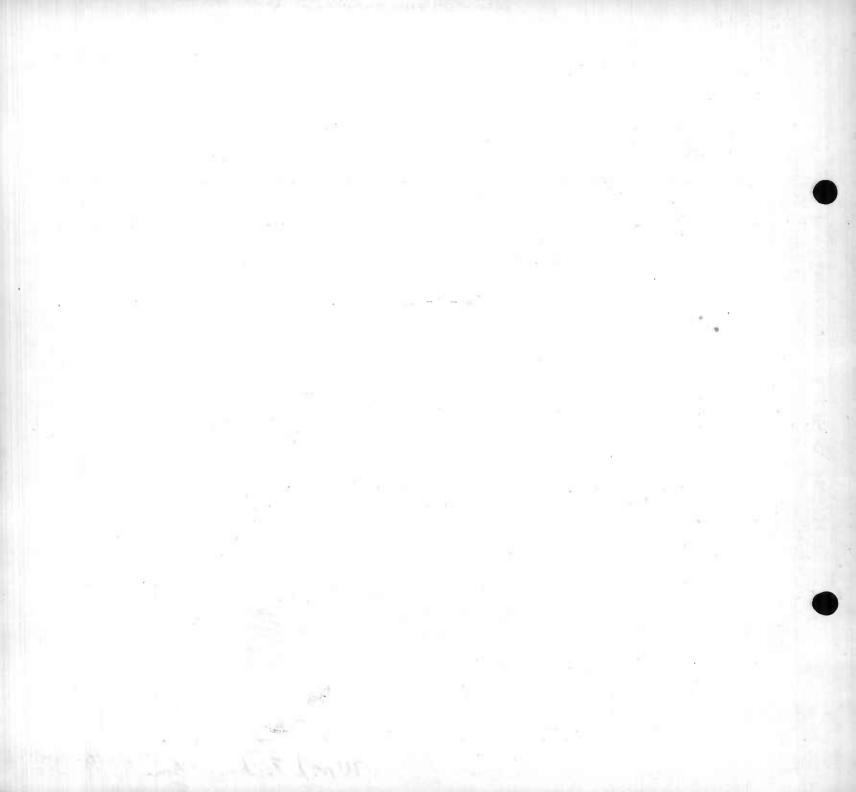
68- 2	1/3	HEALTH DEPARTMENT	120	00- 2075
	CERTIFICA	TE OF DEATH	REG. NO.	
NAME OF DECEASED			ND HOUR OF DEATH	
Type or Print) GEORGE ROTH			uary 18.	19681 8.20 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	1968 8:30 P Anstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTON GIVE STREET			(1)
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	HITOHON, GIVE SIKEEI	Maryland c. CITY OR TOWN	Baltimore D. INS	IDE CITY LIMITS?
		Parkville		YES NO X
4		E. STREET AND NUMBER		7
Gould's Convelasar	ium	2923 Kno11	Acres Dr	33-00
	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
M WIDOW	ED X DIVORCED	Nov 24 1889	78	7410113
OA, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY		/ -	12. CITIZEN OF WHAT COUNTE
done during most of working life, even if retired)	Drudook	Manuel		110.6
Ret. Supert.   Md [	Drydock	Maryland 14. MOTHER'S MAIDEN NA	ME	USA
		THE STREET IN		
John S. Roth		Mary E.	Ho1t	
S. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war or dotes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	215-10-5070	Family R	ecords	
18. 197. 2	CAUSE OF DEATH	0	0001 05	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Conceen	una of live		
LEADING TO DEATH	(A) IMMEDIATE CAU	SE 7)		grown
(This does not mean the mode of dying, e	.9., DUE TO OR AS	CONSEQUENCE OF:		
heart foilure, asthenia, etc. It means the disea injury ar camplication which coused death.)	se,			
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giv	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)		••••••	
_ 156.1				
Z COURS OF CONTRACT OF CONTRAC				
TO THE DEATH BUT NOT RELATED TO THE TERMIN  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  TO THE DEATH BUT NOT RELATED TO THE TERMIN  DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
W 2) A ACCIDENT WAS INDESTINATED	210 DI ACE OF INITION! - '	as about 21 C WHERE DID	(M. 1 - 0 - le	- Ch
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)
U		015		
OF INJURY (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED  White At  Not While	21F. HOW DID INJ	TURY OCCUR?	
(APPROX)	White At Not While At Work			
22. I certify that (I) (this haspital) attende	d the deceased from	ame 15	19 17 10	706-18 1968
that (I) (we) last saw the deceased alive of	71.12	1 -		nion death accurred on the da
			or minny, tour, opi	mon dealli decolled dii lue do
and haur and from the causes stated above	o. (I) (M.e.) <del>(did</del> ) (did not) v	iew the bady after death.		23 B. DATE SIGNED
23A. SIGNATURE	Assa	nding Med.	Staff	
alun yours	DEGREE Phys		Staff Phys.	726.20,1968
23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		
		6232 Belair	road	
Adam Swiss M. D	DEGREE		DSO1	ity, town, or county) (State)
REMOVAL (Specify)				
Burial 2/21/68	Parkwood Cem	В	altimore (	Co. Md.
25A. DATE RECED BY HEAVTH (DEPT. 25B. NAM	NE OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS
The Court	G. Walker A.	C.F.EVANS	& SON 8802	2 Harford Rd.



VS 150-REV, 1/1/6B



11	_ E - /		HEALTH DEPARTMENT	Gen Out
~	2004	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.	65- 2011
	death death eased n the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	78 (
	of death of death Deceased e on the ath. Such	(Type or Print) TOSEPH WINSLOW	2.18.08	1 20 45 AM
	T O O T	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before admission)
	9 (1)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Ud	11-07
	a ho cause se; (5 enda to d	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CIFY OR JOWN D. INS	IDE CITY LIMITS?
	cau cau tend to to		Baltimore 21216	YES NO
	B # 10 4	Lutherse Kospital	E. STREET AND NUMBER	
	6 p d + 6	goil	3143 Boken St.	
	ribu nine gula ed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdow 77)	II Under 1 Yr. If Under 24 Hrs. Manths! Days   Hours   Min.
	ntrik rmir egul ased s ma	Mall WIDOWED DIVORCED	8.0.89	
	00 - 0 -	TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY
	dec dec	done during most of working life, even if retired)  Retired — Motorman	FUROPE	Un knows
	de Character de Site	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1010-10010
. :	rect (4) U wa the ispos	Winslow	?	
Z	E = E = -		17. INFORMANT	ADDRESS
4	istar he d kind, deat ce o nal c	(Yes, no or unknown) (II yes, give wor ar dotes of service) SECURITY NO.	THH	09 Old Columbia Pk.
P.	the the kind dea nce (final	213-05-9132 A		tonsville, Md.
ORT	or ded or	M8. 4-12 91 CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMP	den de	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	188110	
≤	Als Als att	(A)IMMEDIATE CAU	A CONSEQUENCE OF:	
**	2 . 20 - 0	heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:	
o.	act act pr ula	injury or complication which caused death,)	1 25/2-	
CT	EFFODO	ANTECEDENT CAUSES (B) (B)	A CONSEQUENCE OF:	
LU3	xan xan wh wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	assifictions	
8	0 C L L V	UNDERLYING CONDITION lost. (c) CAN	of assign ag	
0	cal cal ns; icia icia	42011		
AL	odic ourr over over over over over over over ov	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ER/	me me y bu ph ph ian		188 t	
N :	a od	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
5	by ch by ch by th hys	21B. PLACE OF INJURY (e.g., in	or chaut 21 C WHERE DID (II in Retains)	re City, give exoct location)
<b>L</b>	5 2 5 5 5	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	ice bldg., INJURY OCCUR?	e City, give exect locuiton)
	> ± o € Z o	0		
	d b osp tur tur tur tur (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
	ho nat epid d (d	(APPROX.) While At Work At Work	· 🗆	
	he he any	22. I certify that (I) (this haspital) attended the deceased fram	17-68 19 to 2.	18.68 19
	d + 80	that (I) (we) last saw the deceased alive an 2-18-68	19 and that in (my) (aur) api	inian death accurred on the date
	ust be ap based to dent of a lospital ( death); must be	and haur and fram the causes stated abave, (I) (We) (did) (did nat) v		
	se s	23A. SIGNATURE 2	-	23B, DATE SIGNED
	3 6.5 5		nding Med. Staff	
	a h	23C. PHYSICIAN'S	Director Phys.	
	body was relived was relives: (1) An accidence of the control of t	NAME (Type) NRIBUE RAFE)	Latheron los	hi tel
	was was A. at prio	CONTROL OF THE DEGREE	pro /	
	E A COBE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	,	ity, town, or county) (State)
	This certification the body very shows: (1) was D.O.A deceased written ap	Burial 2/21/68 Lorraine Park Co	emetery Woodlawn, Md.	
-	This ce the boo shows: was D. deceas	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Bally my
	それなるよう	FEB 23 1968 R. Cat E. Farlyna	WM / /Ghner to	no hour ipa
		VS 150-REV. 1/1768		



68- 2078 BALTIMORE CITY HEALTH DEPARTMENT

AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 2078

BIRTH NO.		MED	ICAL	EXA	WINER 2	LEKIIF	ICATE OF	DEAT	REG. NO.	,	3010	
1. NAME OF DEC						2. DATE	Known 🖺	Month	Day	Yeor	Hour	
(Type or Print) (	Jee )J		HERN			OF DEATH	Estimated	Febru	ary 20,	1968		М.
4. PLACE IN BAL						3. DATE	DUNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	I IN HOSPITA SS OR LOCAT	L OR INSTI	TUTION,	GIVE STREET		RESIDENCE (When		ary 20,		4:30	P. M.
	720 St.					A. STATE	Maryland		B. COUNTY		12-6	15
6. SEX	7. RACE		8. MARRI	ED 🗌 N	EVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS?	0	
Male	Whit		WIDOW	ED 🗌	DIVORCED T		Baltimore	2	YE	ES 🛣	NO 🗌	
9. DATE OF BIRT	Н	10. AGE (In last birthday	years		Yr. If Under 24 Hrs. Doys   Hours   Min.	E. STREET	AND NUMBER					
Feb 15.	1899	l our bir illiday	69			1720	St. Paul	Street				
11. BIRTHPLACE (S			_	2. CITIZ		13. FATHE	R'S NAME					
Columbia	a. Tenn			U.S.	COUNTRY?	Unl	cnewn					
14A.USUAL OCCU	PATION (Give	kind of work 1	4B. KIND		NESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	ME				
done during most of w		- 1	Phalm	e Par	cking Comp	anar I	Jnknewn					
16. WAS DECEAS	ED EVER IN	J.S. ARMED	FORCES?	17.	SOCIAL	18. INFOR			. AI	DDRESS		
(Yes, no or unknown) Yes		or or dates of #2	of service)		SECURITY NO.	Mar	Inami to 1.74	10	8 Midfie		27 2	
19. //	PS S	#4			CAUSE OF DEA		Juanita Wi	118 1	inthicun		YLand	NTERVAL
77	ox XI							hrraama	+h	BETW	EEN ONSET	AND DEATH
	E OR CONDI		TLY		CITOI	ire pur	monary em		MTCII			
4 .	of mean the		na. e.a		(A) IMMEDIATE	AS A CONSE	cor pulmo	nare				
heort foilure	, asthenio, etc. nplication which	It meons the	diseose,		DUE 10, OK	AS A CONSE	QUENCE OF:					
,,	mpineonon mine	17 000000 000	,									
	NTECEDENT C				(B)		deraka 10 18 18 18 dan salvairaka aka diraka una dan dan san una una manaran una un				**********	
RISE TO THE	OR CONDITION ABOVE CAU	DNS, IF ANY, ISE (A) STATI	GIVING ING THE		DUE TO, OR	AS A CONS	EQUENCE OF:					
UNDERLYIN	NG CONDITION				(c)							
2 1 2 2 2	. /	11 '		-								
	IFICANT CON											
DISEASE OR	CONDITION			VAL	************							
20A. DATE OF	OPERATION	1 20B. CON	DITION	OR WHI	CH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or No)
00										Ye	S	
Z22A. EXTER	NAL CAUSE	WAS			E OF INJURY(e.g.,			(If in Boltimor	re City, give exo			
UNDERLYING			h	ome, forn	n, foctory, street, offic	e bldg., etc.)	INJURY OCCUR?					
UTING CA		oy) (Year)	) (Hour)	22E.1N	JURY OCCURRED		22F. HOW DID IN	JURY OCCU	JR?			
OF INJURY (APPROX.)	` ' '	., .		WHILE	AT I NOT	WHILE [						
23.			f	n. WORK	LI AT V	VORK [						
	ify that I he	eld on In	quiry [	Ins	pectionA	topsy X	ond that on	this bosis,	deoth In my	opinlon		
result	ted from: No	atural cous	es X	Accid	ent Suici	de 🗌 H	lomicide 🗌	Undetermin	ned monner			
	13	1 0	7		~ 1		CHIEF MEDICAL	EXAMINER			D T. C. C.	
ACTUAL	IDF ()	ungl	) ,	1	on ("	ASS	ISTANT MEDICAL	EXAMINER	X		DATE SIG	NED
SIGNATO		rloc S	Sna	cinas	te, M.D.	ASS	OCIATE MEDICAL	EXAMINER	- Febru	uary 2	1 19	68
NAME (T	ype)	TITES S	. spi	Tuga	ce, H.D.				_ I GDI	Lary 2	-, -)	
24A. BURIAL CREA	MATION, 24	4B. DATE		24C. N	AME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City, town	n, or county)	(Sto	ote)
Burial		Feb 23	.1968	Bal	timore Na	tional	Cemetery	Freder	cick Ave	. Reli	Mel	
25A. DATE REC'D	BY HEALTH D	DEPT.			REGISTRAR		FUNERAL DIRECT	OR	cick Ave	DDRESS	,	
FEB	23 196	18 BT	2 B	E. F.	2 Presta	9	2000	House	4001 Ri	tchie	Hgwy.	Balt

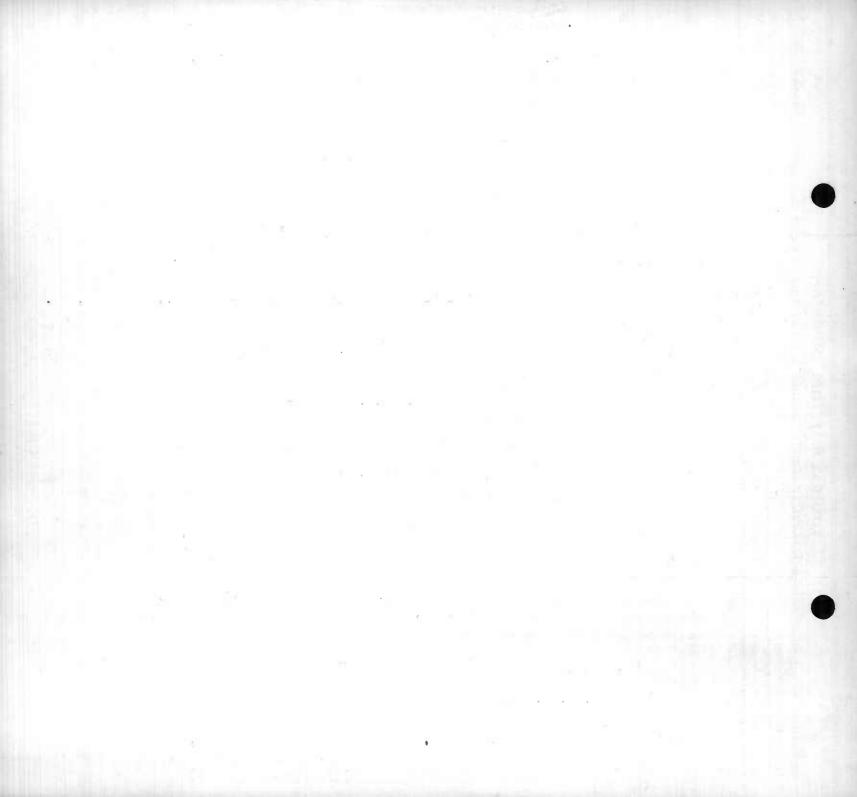
VS 151-REV. 1/1/6B

BIRTH NO.	66-	- 2079	CERTIFIC	ATE O	F DEATH	REG. NO		2079
1. NAME OF (Type or Print)	ETHEL M.	SMITH			2. DATE AN Janu	ary 11, 19	68	
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOUNC	CED DEAD	A. STAT	B. COUN	e deceased lived. If i	institution; res	sidence belore odmissio
FULL NAME HOSPITAL OR INSTITUTION	of (IF NOT IN HOSPIT, ADDRESS OR LOCA			C. CITY	ryland OR TOWN ltimore	D. IN	SIDE CITY LIA	NO [
40	5313 Edmondso	n Avenue			et and number 34 Manor Vi	Lew Road #2	9	
Female	6. RACE White	7. MARRIED WIDOWED	NEVER MARRIED [ DIVORCED [	2/7		9. AGE (In years tost birthdoy) 71 years	If Under Months:	1 Yr. II Under 24 H Doys Hours Min.
done during mos	CCUPATION (Give kind of work t of working life, even if retired) <b>EWIIE</b>	at home			timore, Mar		USA	EN OF WHAT COUNT
13. FATHER'S	NAME			14. MOT	HER'S MAIDEN NAM	ΛE		
Henry	Dashiell			Mar	garetta Lor	uisa Graff		
	sed Ever in U. S. Armed For	ces? 16	SECURITY NO.	17. INFO		13 11/340		ADDRESS
		2]	SECURITY NO. 15-07-0996	Harr	y Smith, 40	00-3rd Ave.	, Lanso	down, Md.
(This dae heart fail injury ar DISEASE: rise to	EASE OR CONDITION DIL LEADING TO DEATH so nat mean the made of one, asthenia, etc. It means camplication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the abave cause (A) VING CONDITION last.	dying, e.g., the disease, death.)		AS A CONSEC	rebral Hemo DUENCE OF:  sease-hyper DUENCE OF:	• • • • • • • • • • • • • • • • • • •		1 hour
TO THE D	HIFICANT CONDITIONS CO EATH BUT NOT RELATED TO T	HE TERMINAL	Carcin	oma, le	ft breast			
	OF OPERATION 198. CON WAS PER	DITION FOR WHI	CH OPERATION	20A.	AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING C	FINDINGS AUSES OF D	CONSIDERED SEATH?
OR CONT	DENT WAS UNDERLYING RIBUTING CAUSE OF	21 B. PL. home, etc.)	ACE OF INJURY (e. form, foctory, street	office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give	exoct locotion)
21 D. TIME OF INJUR (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21E. IN White Work	JURY OCCURRED Not V	/hile	21F. HOW DID INJ			
22. I cer	rify that (1) (this haspital	) attended the	deceased fram	une		19 67 to Jan	. 11	19 68
and haur 23A, SIGN 23C, PHYS	D.C. Mac Z	led abave. (1) (1)	We) (did) (dld na	Attending RPhys.	Med. Director	Shaff Phys.	23B, DATE	e signed
NAM	Dr. D. C.	MacLaugh	olin		3 North Rol	Lling Road		
24A. BURIAL REMOVA Buri	CREMATION, 248. DATE AL (Specify)  1/13/68		Redeemer	CREMATORY		ltimore, Ma	city, town, or	r county) (State
25A. DATE RE		25B, NAME OF		25C.	FUNERAL DIRECTOR		- Javara	ADDRESS

VS 150-REV. 1/1/68

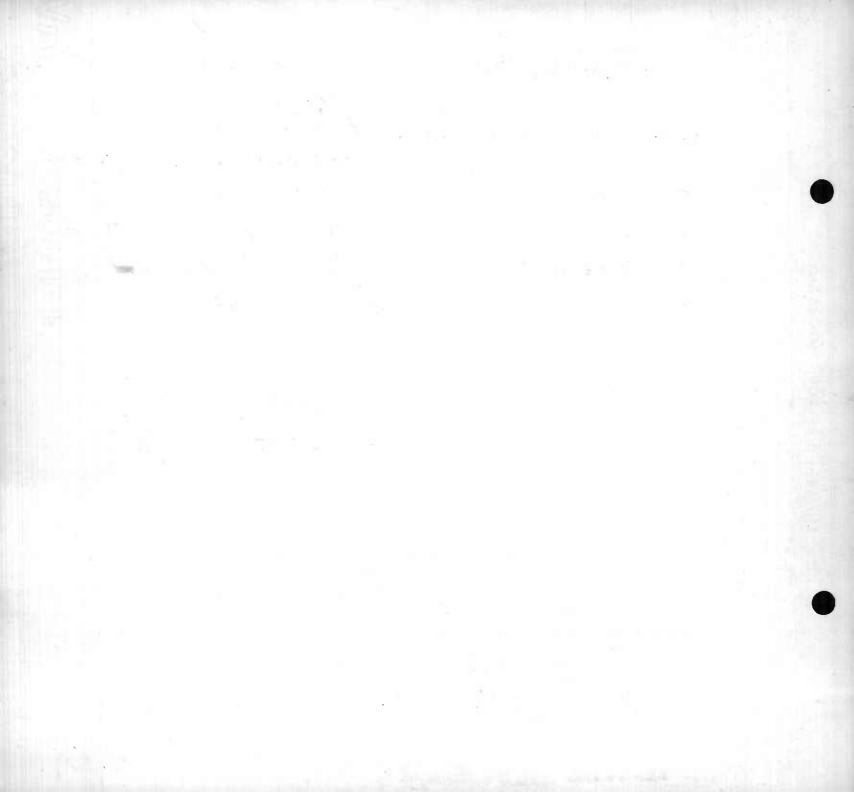
FEB 23 1968 Robert E. tarbeyna

Schimunek Funeral Home 3331 Brehms Lane #13

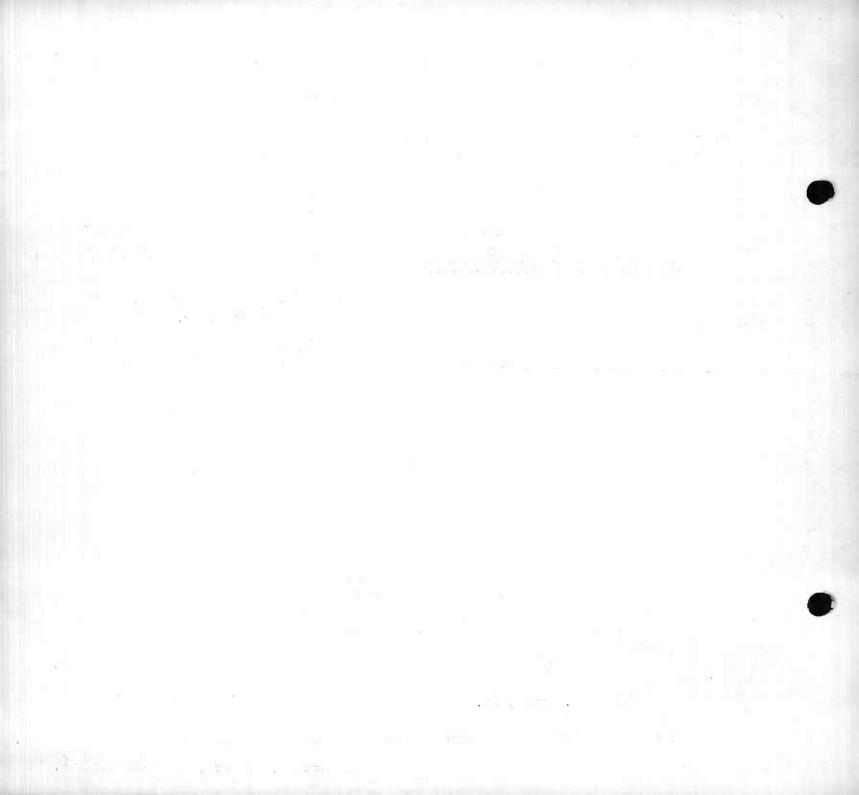


		00	Othe	BALTIMORE CITY	HEALTH DEPARTMEN	1/	
BIR	TH NO.	00	- 208	CERTIFICA	TE OF DEATH	H REG. NO.	68-2080
1. N	AME OF DEC	EA SED			2. DATE	AND HOUR OF DEATH	
(Тур	e or Print)	HORN, HILD	Λ		F	EB, 21, 196	8   9.40 P
3. 1		IMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If i	nstitution: residence before admissi
						OUNTY	0
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLANI	シートバ	
IN:	TITUTION	ADDRESS OR COO.			C. CITY OR TOWN	UNSU LLED. INS	
15	T. AGN	ES HOSPITA	L			27207	YES NO
W	/ILKENS	& CATON A	VFS.		E. STREET AND NUMBE	R	
_ P	AL TIMO		220		1407 I AI	AYETTE AVE	33.00
5. 5	EX	6. RACE	- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
	FEMALE	WHITE	WIDOWED	DIVORCED	10-08-01	lost birthdoy)	Withins Doys Hours IVIII
IOA	USUAL OCCL	JPATION (Give kind of world	108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUN
don		working life, even if retired)					dentify the second
	NONE		Do	mestic	MARYLAND		USA
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN	NAME	
	MILT	ON MYERS			NELLIE E	22219	
15.		Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	71003	ADDRESS
(Yes	, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO.		S & CATON AN	
	NO	NONE		217 05 7		VES HOSPITAL	
	18.	a		CAUSE OF DEAT			APPROXIMATE INTERVA
ICATION	OTHER SIGNIF		Stating The INTRIBUTING HE TERMINAL RT 1 (A).	(c) C. A.	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
ERTIFIC	0	WA5 PER			NO	IN CERTIFYING CA	AUSES OF DEATH?
CALC	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	218 hom etc.	ne, form, foctory, street, o	ffice bldg., INJURY OCCU	D (If In Boltimo R?	ore City, give exact location)
_	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
\$	OF INJURY			ile At Not Whi	le C		
			Wo			(0)	
				he deceased fram			EBUARY 21 19 68
	that (P) (we)	last saw the decease	ed alive an	FEBUARY 21	19_68an	d that In (my) (aur) ap	inian death accurred an the
	and have and	from the causes sta	ted above. X	() (Wa) (4) (4) (X(X(X X X X X)	kiew the bady after dea	ı th	
	23A. 5IGN ATU		ion apave, v	t) ( o) ( draf ( babt North	erew the budy after dec	11116	23 B. DATE SIGNED
	H. A	Marcall		Att	ending Med.	Shoff 1707	
	/  200	woden		DEGREE Phy	s. Director L	Staff Phys.	02-21-68
	POLICE	ype)	erico'	DEGREE	WILKENS &	CATON AVES.	BALTO 21229 M
24A	BURIAL CRE	MATION, 248, DATE		AME of CEMETERY or CR	EMATORY 24	D. LOCATION (C	City, town, or county) (State
	REMOVAL (5	pecity)	-18	. 11	1	11200 110	
0.5.	PUP.	146 2-24	-60 6	wood Lawr	U CONTRACTOR OF THE PARTY OF TH	woodhaw	NITARYLAN
ZDA	DAIE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	GEO. 2 DIREC	YOWAS HUNG.	7 AL 140 48 DIRESS
	7	8 2 3 1968 G	Lest &	. Tarkey	Francis	W. meller 2	101 Arcolerick live
V5	150-REV. 1/1/6	5 B					

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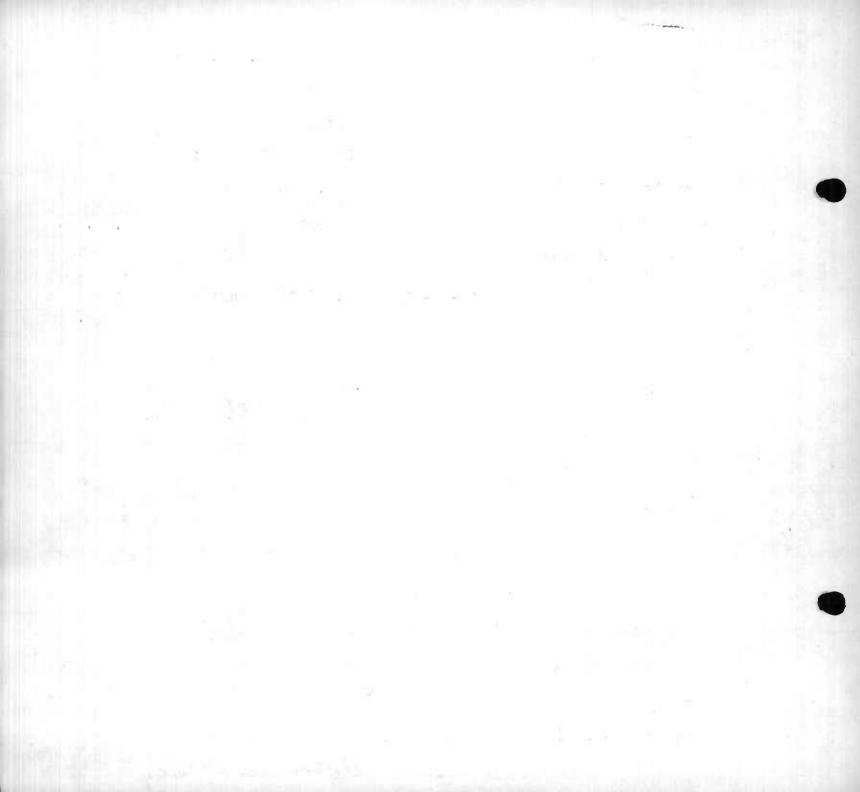


VS 150-REV. 1/1/6B

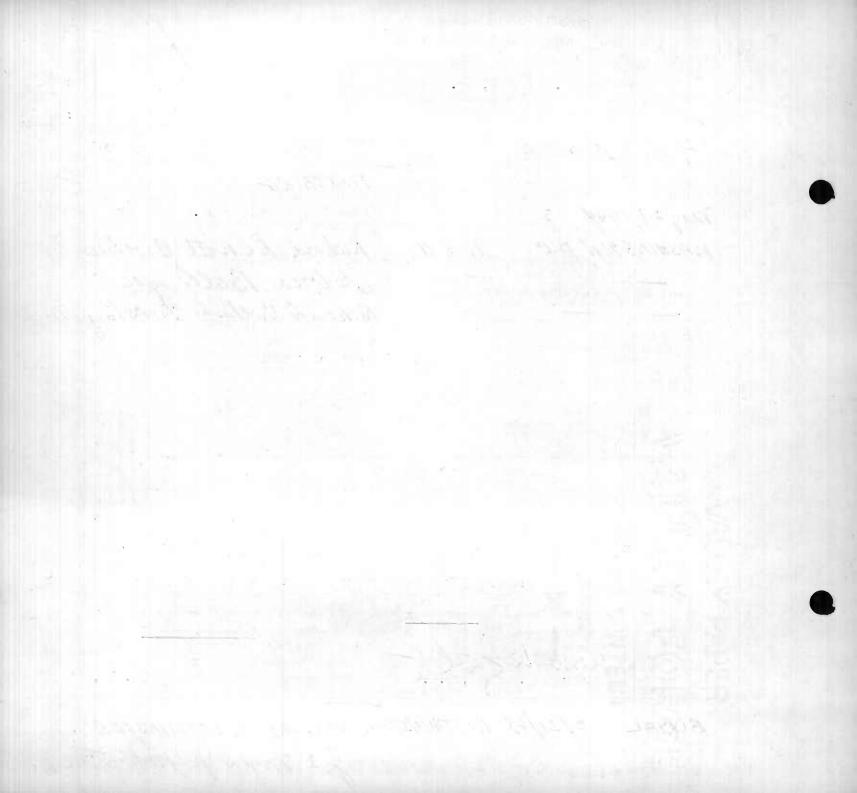


VS 150-REV, 1/1/65

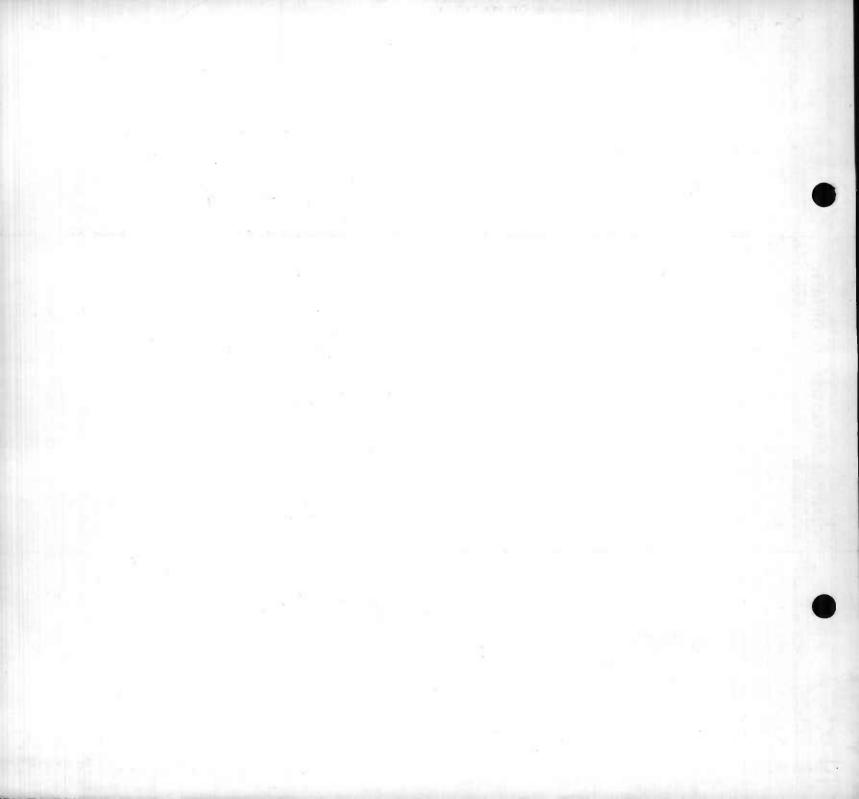
BALTIMORE CITY HEALTH DEPARTMENT



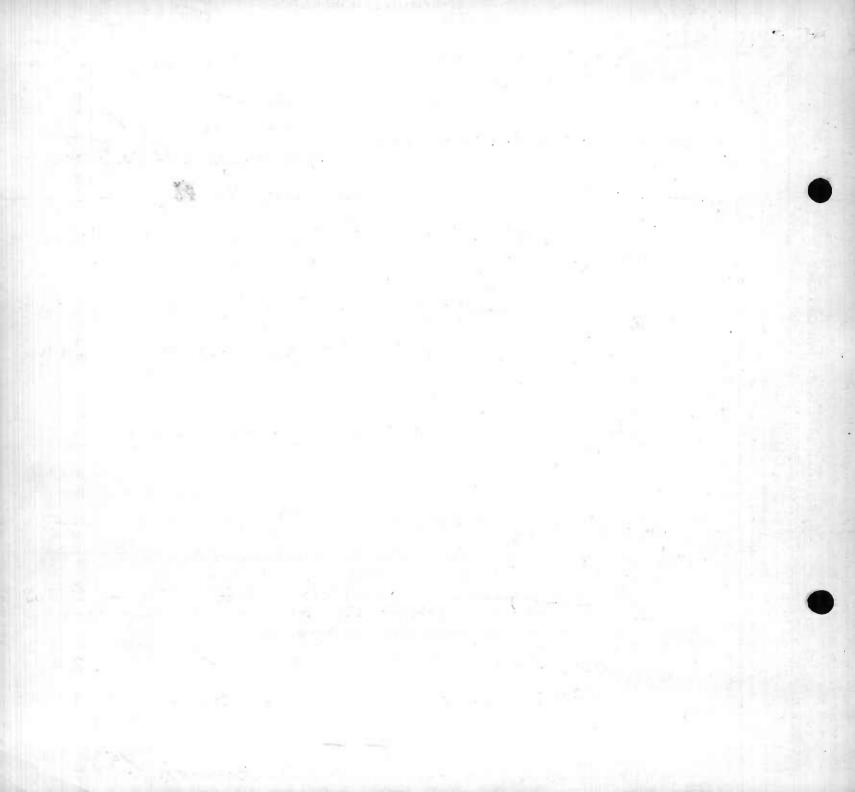
			68-	200	34 8	ALTIMORE CITY H	EALTH DEPA	RTMENT		1	00	0004
		1	MED	CAL	EX	AMINER'S	CERTIFI	CATE OF	DEA.	TH	65-	2084
BIR	TH NO. Clas	hunoton	D,C.							REG. NO		
1. [	1. NAME OF DECEASED							Known 🗔	Month	Day	Yeor H	lour
(IAE	e or Print)	Richar	rd D. C	ROCK	ER.	Jr.	OF DEATH	Estimoted	2	17	1968	3:40 Pm.
4. 1	LACE IN BAL						3. DATE		Month	Doy	Yeor H	lour
FUL HO	L NAME OF	(IF NO	T IN HOSPITA	OR INS	TITUTIO	N, GIVE STREET	PRONO	UNCED DEAD	2	17	1968	3:40 PM.
OR	INSTITUTION			,				ESIDENCE (Where	e dece osed		: residence befo	re admission)
	42	Sinai	Hospit	al			A. STATE	Maryland		B. COUNTY	Carroll	Ch
6. 9	EX	7. RACE			RIED	NEVER MARRIED	E. CITY OF			D. INSIDE CI	TY LIMITS?	-0
	M	W		WIDOV		DIVORCED	FINK	SBURG		YE	s 🗆 No	
9. [	ATE OF BIRTH	1	10.AGE (In	yeors		er 1 Yr. If Under 24 Hr		AND NUMBER			1101	
7	Kan 27	1964	last birthdoy	)	Months	Doys Hours Mi	White	Pines Tra:	iler (	St.	56	-00
11.	BIRTHPLACE (8	tote or foreig	n country)			IZEN OF	13. FATHER	'S NAME	7		,	
1	VASHIN	16-70N	D.C	,		AT COUNTRY?	RIE	and 17	e. 61	itt Ps	ubas	Ss.
				4B. KING		SINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME			7
GOILE	during most of w	orking life, ev	en menrea)		-		19	lones	Ba	Plan	111	
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5? 1	7. SOCIAL	1B. INFOR	MANT	100	JAI	DDRESS	
(Yes	, no or unknown)	(If yes, give v	vor or dotes o	f service	)	SECURITY NO.	Rink	id A. Co	when	C Fair	hol.	mal
	19					CAUSE OF DE	ATH	rain on	yses	/ ///	APPRO	XIMATE INTERVAL
	E 7										BETWEEN	ONSET AND DEATH
		E OR COND LEADING TO	ITION DIREC	TLY		Gunsho	t. wound	of chest				
			mode of dyin	ng, e.g.,			R AS A CONSEC					,
			. It meons the ch caused deo			502.10,0	, Ao A COTTOLO	OLIVEE OI.				
		NTECEDENT		0111110		(B)	R AS A CONSE	OUENICE OF		der tier sam tier sam tier sam tier tier sam sam tier sam 120 aan sam sam 120 tee		
	RISE TO THE	ABOVE CA	ONS, IF ANY, USE (A) STATI	NG THE		502 10, 0	K AJ A CONJE	GOLINCE OI.				
Z	UNDERLYIN	IG CONDITI	ION LAST.			(C)						
CERTIFICATION	E 919	X	П									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S			RELATED TO 1									
뜯	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)								
H	20A. DATE OF	OPERATION	1 20B. CON	DITION	FOR W	HICH OPERATION	WAS PERFORM	MED				Y? (Yes or No)
	0										No	
OA	22A. EXTERI UNDERLYING	VAL CAUSE			22B. PL home, f	ACE OF INJURY (e. orm, foctory, street, of	in or obout	NJURY OCCUR?	(If in Boltim	ore City, give exc	oct locotion)	
8	UTING CA				P	roods		Lou yards	penin	d fratte	r home	
Σ	OF INJURY	Month) (D	Ooy) (Yeor)			INJURY OCCURRE		22F. HOW DID IN				
	(APPROX.)	2 17	1968	3:00	m. WH	RK NO	WORK 1	allegedly	shot	accident	elly by i	lather
	23.			_	_							
	1 certi	ify that I h	eld on In	quiry	ا ا	nspection A	utopsy	and that on t	his basis	, deoth In my	opinion	
	result	ed from: N	laturol caus	es 🗌	Acc	sident Suid	ide 🗌 H	omicide 🗌	Undetern	ined monner	X	
		1		16		1		CHIEF MEDICAL	EXAMINER			ATE SIGNED
	SIGNATU	10E 10L	Mes	h.	7	~	.D. ASS	STANT MEDICAL	EXAMINER		U	ILE SIGNED
	EXAMINI		Werner	U. S	ST.	, habe		CIATE MEDICAL	EXAMINER	☐ Fe	br. 18,	1968
	NAME (T				1	,					,	
24/	A. BURIAL CREA MOVAL (Specif	MATION, 2	4B. DATE	,	24C.	NAME of CEMETER	Y OF CREMATE	<b>PRY</b> 24D.	LOCATIO	N (City, town	n, or county)	(Stote)
KE	GUDIA.	/	2/71	168	M	ESTMINICT	TR IF	METTERV	11/1	SCTMIA	CTED	212
25/	DATE REC'D	BY HEALTH	DEPT.	25B. N	JAME C	F REGISTRAR	25C	FUNERAL DIRECT	OR	3/1////	DDRESS	141) -
207			7					5 5		a id	1 -	7
		B 931	968 1	10	B. 9	Ja Count	X	.7. m	pero,	P. 10%	ymans	1. ml
VS	151-REV. 1/1/66	0 001	100801	N. Pil	-/			0				/



VS 150-REV. 1/1/68



Athenselect Heart Wesser Old afra Myradal States Page Wary Muse Co Reportion Co.



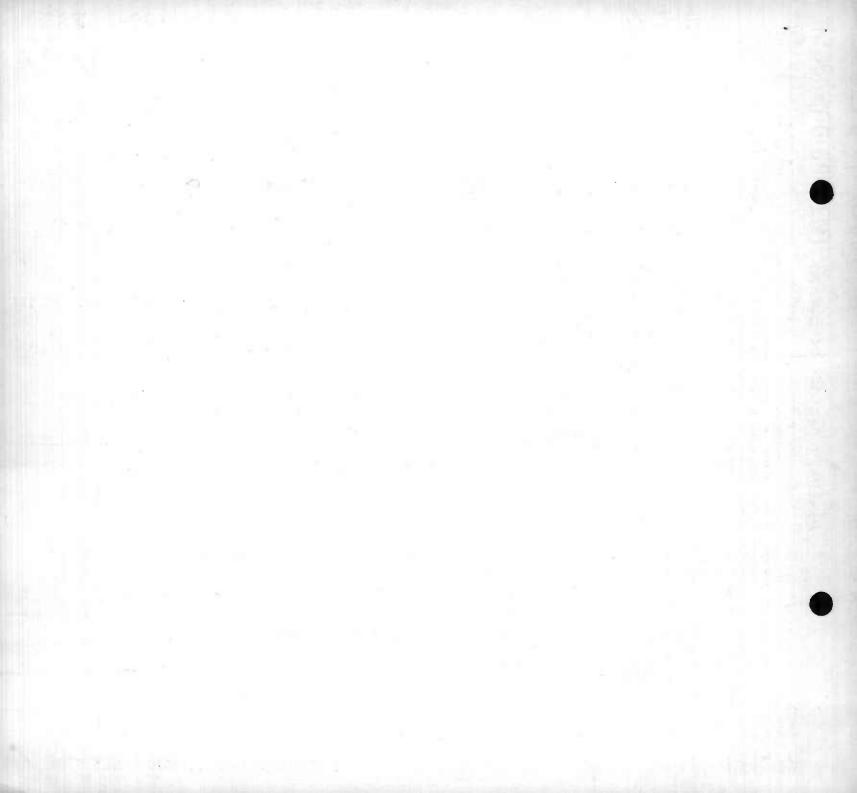
IMPORTANT

DIRECTOR:

FUNERAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS? YES NO #21217 If Under 24 Hrs. Hours : Min. If Under 1 Yr. Months! Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS 301 MCMECHEN BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact lacotion) 19 6 ...and that in(my) (aur) apinion death accurred an the date (City, town, or county) BALTIMORE. MARYLAND ADDRESS BOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

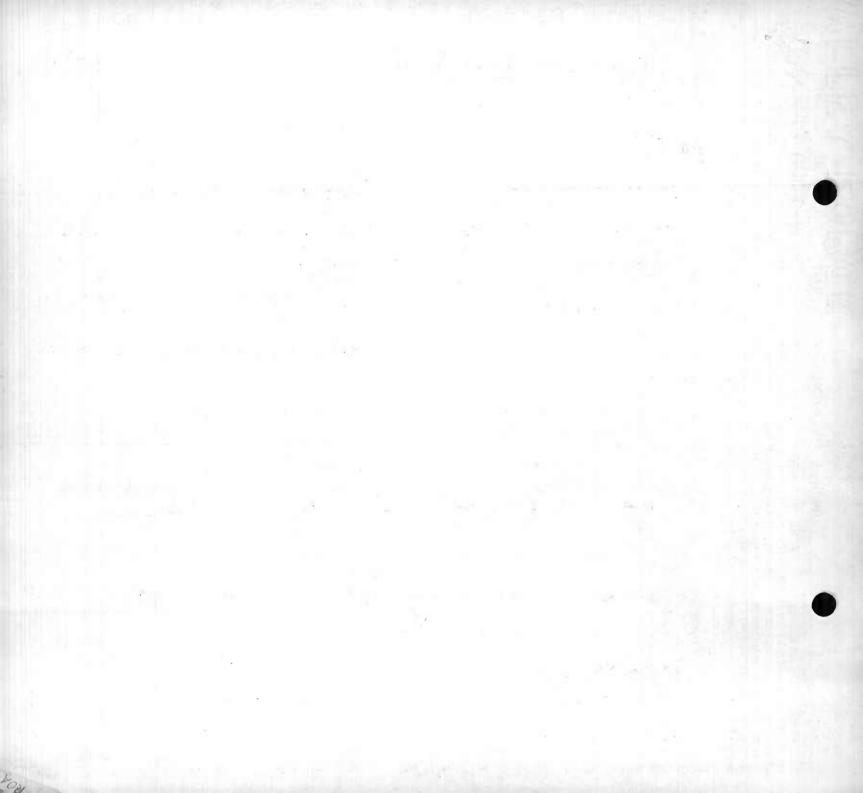


## IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

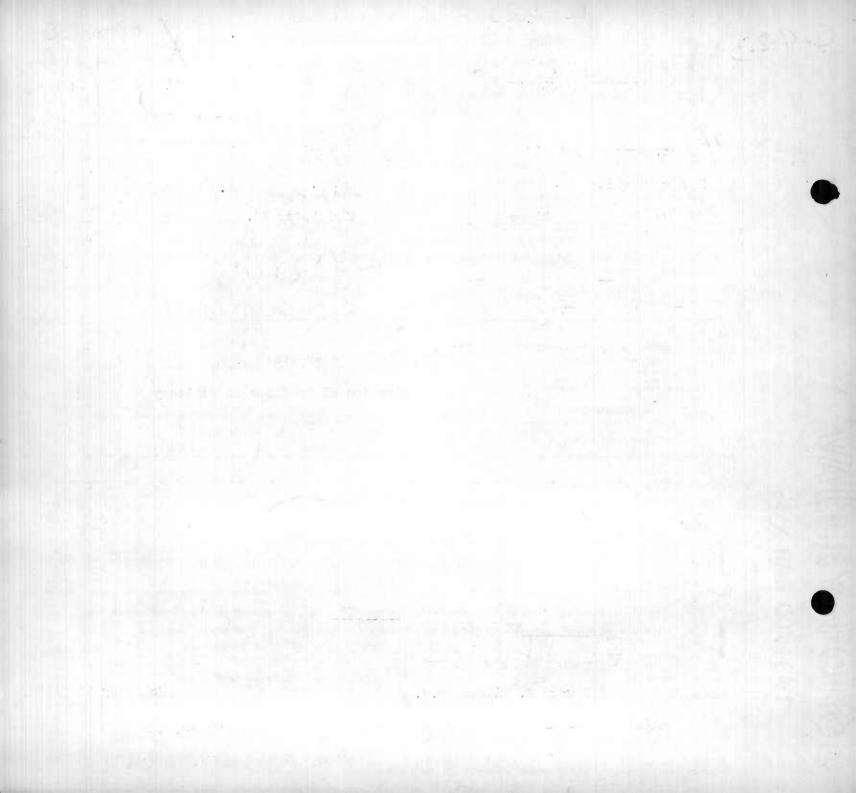
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approach must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

R.A. 1	to prof	00.0	BALTIMORE CITY	HEALTH DEPARTM	MENT	7.0 0.100
1X - 6	2	68-3	CERTIFICA	TE OF DEA	TH REG. NO.	00- 3089
NAME OF D	ECEACED				DATE AND HOUR OF DEAT	u
Type or Print)	V CECEWSED		J. D.	2.	. 1	0:40:0
3. PLACE IN B	ALTIMORE A	MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, th	institution; residence before admission
					B. COUNTY	1
OSPITAL OR	OF (IF N	OT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARY LAND		ISIDE CITY LIMITS?
NOITUTITZN						YES XX NO
SINAI HO	OSPITAL			BALTIMOR		163 (20)
42						1215
SEX	16. RACE	7. AA A D	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
MIE	1	1	WED DIVORCED	DEC. 11, 18	lost birthday)	Months Doys Hours Min.
A USUAL OC	CUPATION		ID OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
one during most						
	ORNEY	1	IT LAW		A. PENNSYLVANI	4 U.S.A.
FATHER'S	IAME			14. MOTHER'S MAI	DEN NAME	
MO	RRIS MO	RRISON		ANNIE	?	
. Was Deceas	sed Ever in U.	S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
L/T	will yes, g	=	SECURITY NO.	UPS MALLTE	MADDICAN 251	9 DENISON RD. #15
18. Z/ /		.W. I NAVY	CAUSE OF DEAT	MRS. MOLLIE	MORRISON, 351	APPROXIMATE INTERVAL
7-1	417	NDITION DIRECTLY				BETWEEN ONSET AND DEAT
rise lo UNDERLYI	The obove	OITIONS, if any, g couse (A) stating TION lost.  II NDITIONS CONTRIBUT	the (C)	A CONSEQUENCE O		
TO THE DE	EATH BUT NO	TRELATED TO THE TERMI				
	OF OPERATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Y		E FINDINGS CONSIDERED
21 A. ACCII	DENT WAS I	INDERLYING [	218. PLACE OF INJURY (e.g.,	n or about 21 C WHER	F DID (If in Rollin	nore City, give exact location)
OR CONTR	tify medical e	AUSE OF	home, form, factory, street, a	ffice bldg., INJURY OC	CCUR?	tore city, give exact location)
21 D. TIME		(Day) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
(APPROX.)			While At Not Whi	е		
			Work At Wark	1.0		1119
			ded the deceased from	+13	19 68 to	19.45
that (1)" (w	ve) lost saw	the deceased alive	an 1/4/	19 GX	ond that tn(my) (aur) o	pinion death occurred on the do
ond haur	ond from the	couses stated obo	ve. (#) (We) (did) (did ot)	view the body ofter	deoth.	
23A. SIGNA	TURE					23B. DATE SIGNED
1100	EN VS	all me	Colombegree Att	ending Med.	or Phys.	2/19/68
23C. PHYSIN	CIAN'S	0 4	A A A A A A A A A A A A A A A A A A A	23 D. ADDRESS		
NAME	TOF	L BARRY ALPE	ERSTEIN	SINAI HOS	SPITAL	
A. BURIAL C	200	E WILLIAM	DEGREE			
	REMATION	24B DATE 2	4C. NAME at CEMETERY AS CR		24D. LOCATION	(City, town, or county) (State)
	L (Specify)		4C. NAME of CEMETERY OF CR	EMIATORT		(City, town, or county) (State)
BURIA	L (Specify)	2-21-68	BETH TFILOH		BALTIMORE, MA	RYLAND
BURIA	L (Specify)	2-21-68	BETH TFILOH	2SC. FUNERAL D	BALTIMORE, MA	RYLAND ADDRESS R
BURIA	L (Specify)	2-21-68	BETH TFILOH	2SC. FUNERAL D	BALTIMORE, MA	RYLAND



C-423

68- 2090 BALTIMORE CITY HE	ALTH DEPARTMENT  CERTIFICATE OF DEATH   68-2090
BIRTH NO. 66-11640 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REGINO.
1. NAME OF DECEASED Ann	2. DATE Known X Month Doy Year Hour
ELIZABETH CLUSTER	DEATH Estimoted 2 21 68 3:00 am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE   Month Doy Year Hour   PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	February 21 1968 3:00 at.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
40	A. STATE B. COUNTY
St. Agnes Hospital  6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
female white WIDOWED DIVORCED	Balto. O YES X NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	
May 24 1966   lost birthdoy)   Months, Doys, Hours, Min.	1233 Aster Rd.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	James Cluster
14A.USUAL OCCUPATION (Give kind of work  14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	A A
LA WAS DESCRICED SVED IN HIS ADMED FORCES. U.Y. COCIAL	Marie
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. CAUSE OF DEA	James Cluster 1233 Aster Rd
345,71	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Asphyxia
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
	ation of food due to epilepsy
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	944 5 TO 144 14 5 TO 144 14 14 14 14 14 14 14 14 14 14 14 14
E 303,3 II	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED   21. AUTOPSY? (Yes or No)
<b>5</b>	YES
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
MHILE AI NOI	WHILE
23.	<b>V</b>
	tapsy X and that an this basis, death in my apinian
resulted from Natural causes Accident Suicio	
ACTUAL SA A LINES	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE M.E	ASSOCIATE MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	February 22, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify) Burial 2-23-1968 Baltimore Nat	ional Com Baltimara Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
2 7 0 110	Thos J Kenny Inc 1600 Hollins St
VS 151 REV 1/1/4 8 9 3 1968 AT Day 15 2 4 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4	The same state of the same of

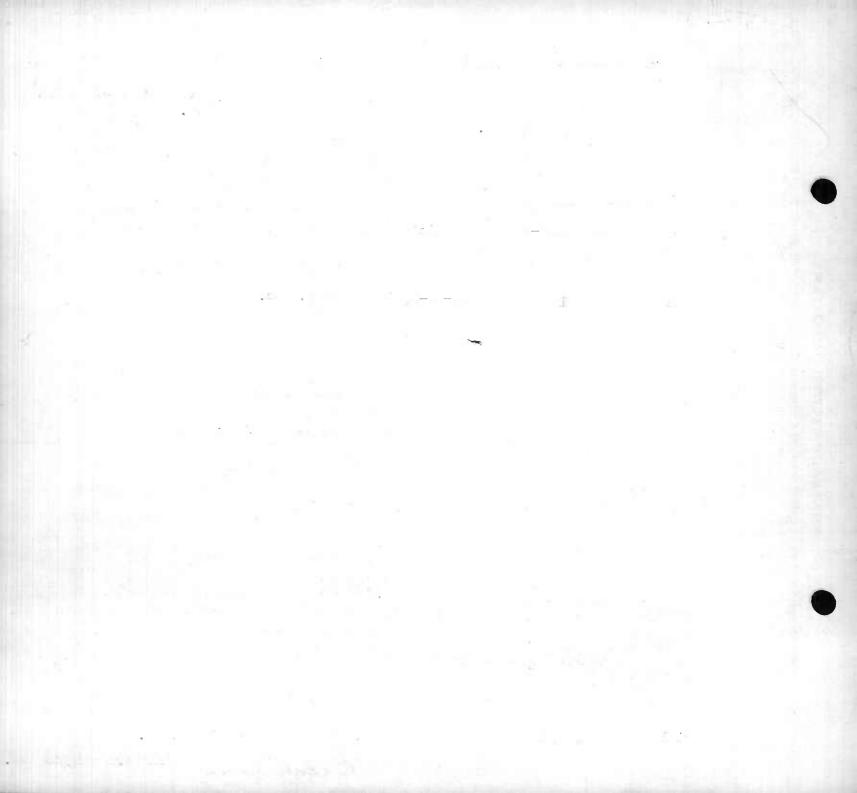


68 - 28	BALTIMORE CITY	HEALTH DEPARTMENT		00
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	68-2091
M.E. CASE NO.  1. NAME OF DECEASED	1	2. DATE ANI	D HOUR OF DEATH	<u> </u>
(Type or Print)	Hession, Sr.)	81. 2-	20-68	17.35 AM
3. PLACE OF DEATH IN BALTIMORE MARYLAND	11.00		deceased lived. If ins	titution: residence before admission)
		A. STATE B. COUNT		
FULL NAME OF (If not in hospitot or instituted oddress or location)	ion, give street	C. CITY OR TOWN, III outs	ide city limits write RI	JRAL and give_township)
INSTITUTION		15/15/-	M one	
42	-0.		ural, give location	9 9-11
about, Ho	12.10	513)	Valla	JANO
. SEX   6. RACE   7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
WIDO	OWED, DIVORCED (specify)		ost birthdoy	Months Doys Hours Min.
11) (our asun)	Didoroga !C	5-21-11	10	
OA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	)	II. BIRINFLACE (Store of foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor	eraft Mfg.	EX HITCH	rol	1-24) -
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Michael Hes	sion	Sa	rah Costell	0
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of serv	ice) SECURITY NO.			
Yes W #1	215-07-5526 A	Hosp. Rec.		
18. 13 5 , 0 1	CAUSE O	F DEATH	111	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		tour sale an	Abda	10 10 1
(This does not meon the made of dying,	e.g., DUE TO	16Min do	- ON DOW	INV 10 / rais
heart failure, astheria, etc. It means the disc		1	Esta kio	or -
injury as complication which coused death.)		amadic di	rease -	»))
ANTECEDENT CAUSES	DUE TO		1	
DISEASES OR CONDITIONS, if any, gi	.1	January C.	Look all a	
rise to the abave couse (A) stoting UNDERLYING CONDITION lost.	The (C)		T	
153,0 II		mer b.op	an	
O OTHER SIGNIFICANT CONDITIONS CONTRIBL		10	111	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TTDGB	N. NOT	c Me took	35
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED
		1995	CERTITIO CAO	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)	V		
O 21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While	е		
	Work At Work		11	7 53
22. I certify that (1) (this hospital) attend	47	1	9 <u>60</u> ta	2-20 1968
that (1) (we) last saw the deceased alive	on 2-20	19 and the	it in(my) (aur) apin	ian death accurred an the dat
and haur and fram the causes stated above	re. (1) (We) (did) (did nat) v	riew the bady after death.		
23A. SIGNATURE			1	23B, DATE SIGNED
C)6.1. 20 1	Foul M. Atte		Stoff Phy s.	2-20-68
23C. PHYSICIAN'S		23 D. ADDRESS	1	
NAME (Type)	010 M.D.	8 1	3 - 1 - 5	-0, 7/
24A. BURIAL CREMATION, 24B. DATE 124	400	O CM	3 . 10	10.110
REMOVAL (Specify) 248, DATE 24	IC. NAME of CEMETERY or CRE	ZAD. LC	OCATION (City	r, town, or county) (State)
Burial 2/24/68	Cathedral Cemet	ery	Baltimore, M	d.
	ME OF REGISTRAR	125 SUNERAL DIRECTOR	1	ADDRESS
FEB 23 1968 P. C.	r E, starbeum	WE hundle	Drama . 46	11 Park Heights A
VS 150-REV. 1/1/65	· ·	1 Actions	CITIES	

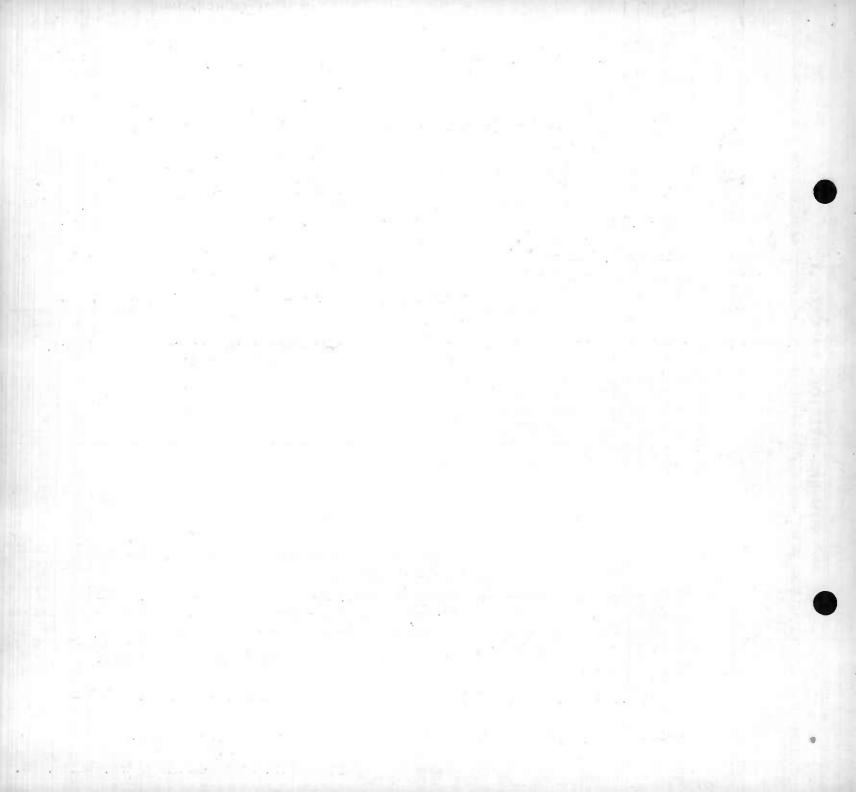
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FUNERAL DIRECTOR:



VS 150-REV. 1/1/68

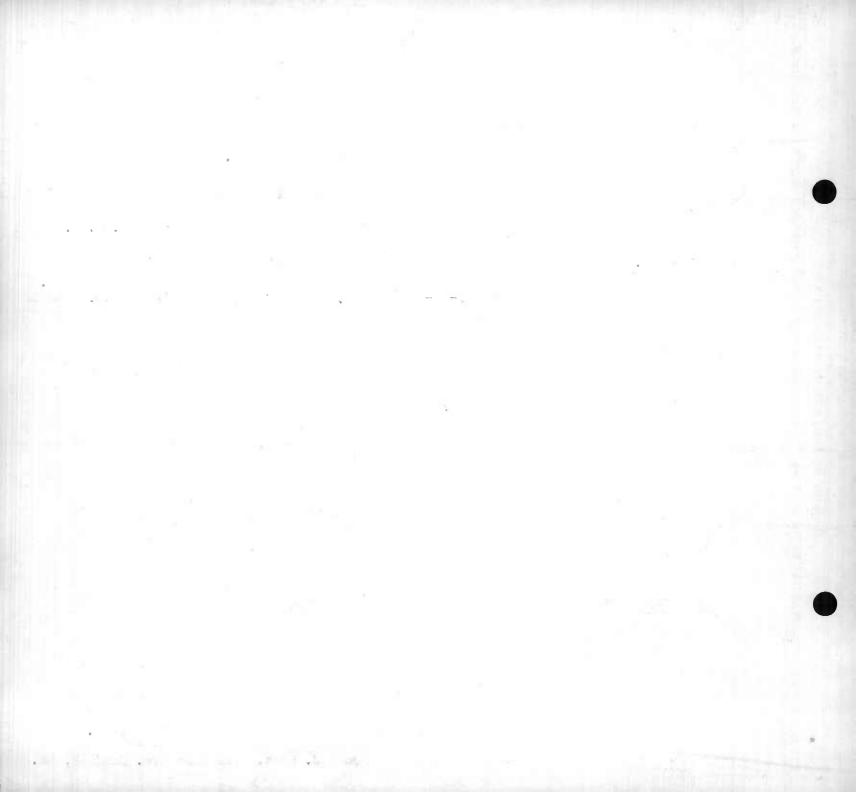


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DIRECTOR:

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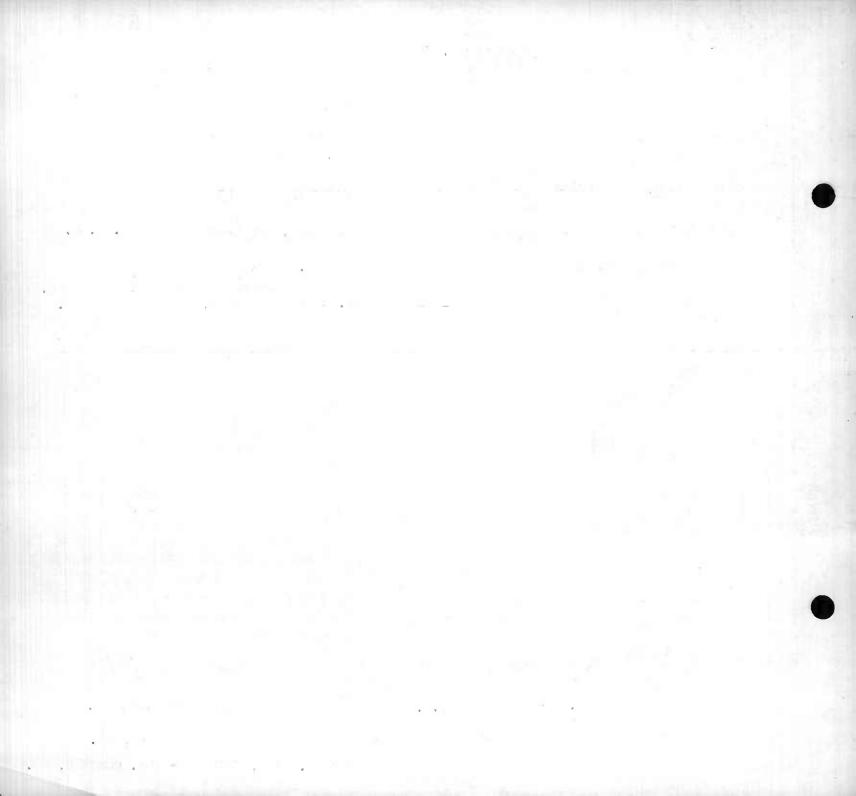
4. USUAL RESIDENCE | Where deceased lived, if institution; residence before admission D. INSIDE CITY LIMITS? NO X YES If Under 24 Hrs. If Under 1 Yr. Months: Days 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Md. Mrs. Eloise Boyd, 6828 Belclare Rd. Dundalk BETWEEN ONSET AND DEATH 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (my) (our) opinion death occurred on the date (City, town, or county) Baltimore, Md. John J. Duda, 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/6B



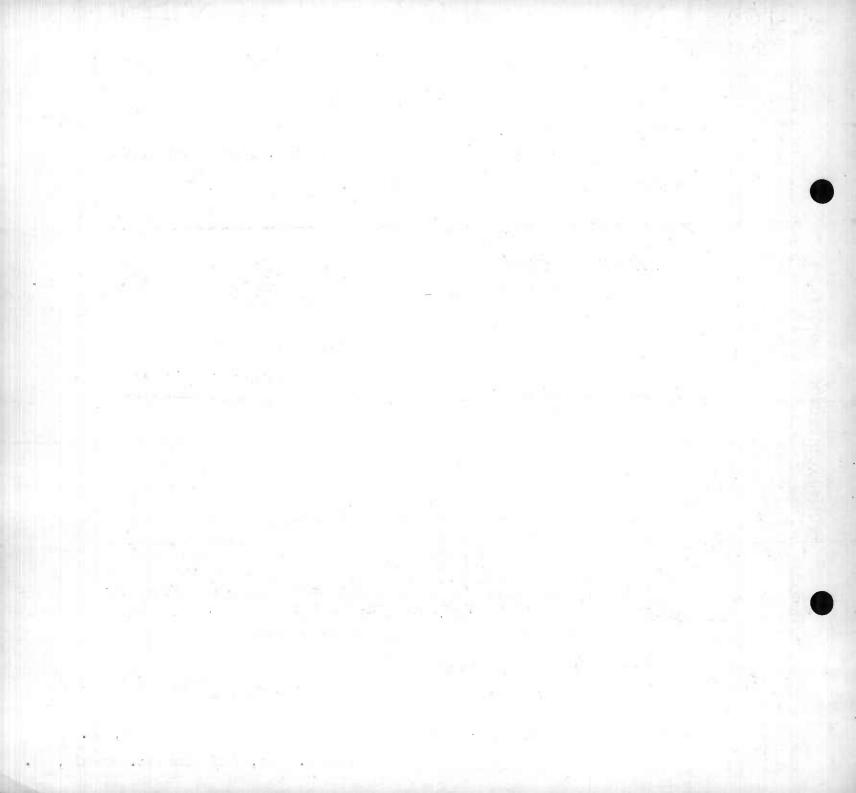
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/68



60. 0	BALTIMORE CITY	HEALTH DEPARTMENT	1/1000	68- 0800
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00- 2030
I. NAME OF DECEASED	5000 % 3 . TO 1	2. DATE AN	ID HOUR OF DEATH	
(Type or Print) O DIE 1111	Wilda Raul	0	2 h . 20 /	360 F10 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD		re deceased lived. If ingl	litutian: residence before admission)
		A. STATE B. COUN	//	43 4
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	Baltimore O	E CITY LIMITS?
100	a MacacTAI	DUNDAIL	1.1	YES NO X
GFRANKLIN SCHURE	2 1202/11/18	E. STREET AND NUMBER		
Franklin Square Hospita	al	3432 460	SKTY POKK	WAY
5. SEX 6. RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Hemale White WIDO	OWED DIVORCED	2/23/06	last birthdoy).6	Months Doys Haurs Min,
IDA. USUAL OCCUPATION (Give kind of work 10 B, KINdone during most of working life, even if retired)	TO OF BUSINESS OR INDUSTRY	11. BURTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	al Seouty BOM.	PENNSYL	VANIA	U- 5. H
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
JOHN KERR		THNE	T MINER	(D)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL	17. INFORMANT (Husba	ind) Dund	alk, ADDRESS Md.
No	178-05-8818	GEORGE RA	UB 3432	HBERTY Parku
18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL /
DISEASE OR CONDITION DIRECTLY		$\cap$ $\cap$	0	DETWEEN ONCE AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAL	is 4 eneral 2	red	
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF	4	(
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)		Carr	mornator	A- U
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	giving	A CONSEQUENCE OF:		
rise to the obove cause (A) stoling UNDERLYING CONDITION last.				
	(C)			
z 199.2 11				
O TOTHER SIGNIFICANT CONDITIONS CONTRIBUT				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED
198. CONDITION WAS PERFORMED		No	IN CERTIFIED CAU	JES OF BEATH
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg. INJURY OCCUR?	(If in Boltimore	City, give exoct location)
DEATH (notify medical examiner)	etc.)	mee singe, mooki o dook.		
Q 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whil	e 🗖		
(APPROX.)	Work At Work	4- 0	(5)	1
22. I certify that (1) (this hospital) atten	ded the deceased from 2	113 89	19 00 to TR!	7:20 19 00
that (1) (we) lost sow the deceased alive	on 5-10 20th 7	Feb 10 18 and th	ot in (my) (our) only	ion deoth occurred on the dot
	10111		or in (my) (our) opin	ion deom occurred on the dol
ond hour and from the causes stated abo	ve. (1) (We) (did) (did not) v	view the body ofter deoth.		
23A. SIGNATURE				238. DATE SIGNED
aller ou, 6		ending Med.	Staff Phys.	
23C. PHYSICIAN'S	DECKEE	23D. ADDRESS		
NAME (Type) ORFIL Die	KWON 14:0	FRANKI	IN SELLOR	E 1-188P.
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE	EMATORY 24D. L	OCATION ICity	, town, ar county) (State)
REMOVAL (Specify)		The second of th		
	Green Mount Crema			more, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
17 69 1908 (17 Com	5 E. Jackey MA	John J. Duda,	1922 Wise A	ve. Dundalk, Md.
VS 150-REV. 1/1/68				



BALTIMORE CITY HEALTH DEPARTMENT

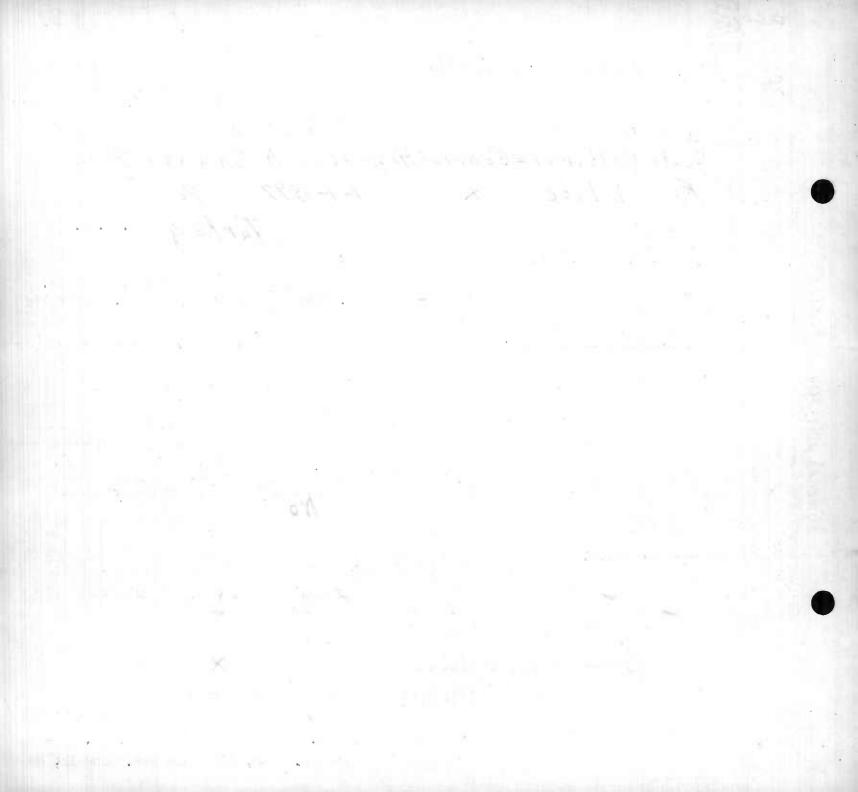
REG. NO.

VS 150-REV. 1/1/6B

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DIRECTOR:

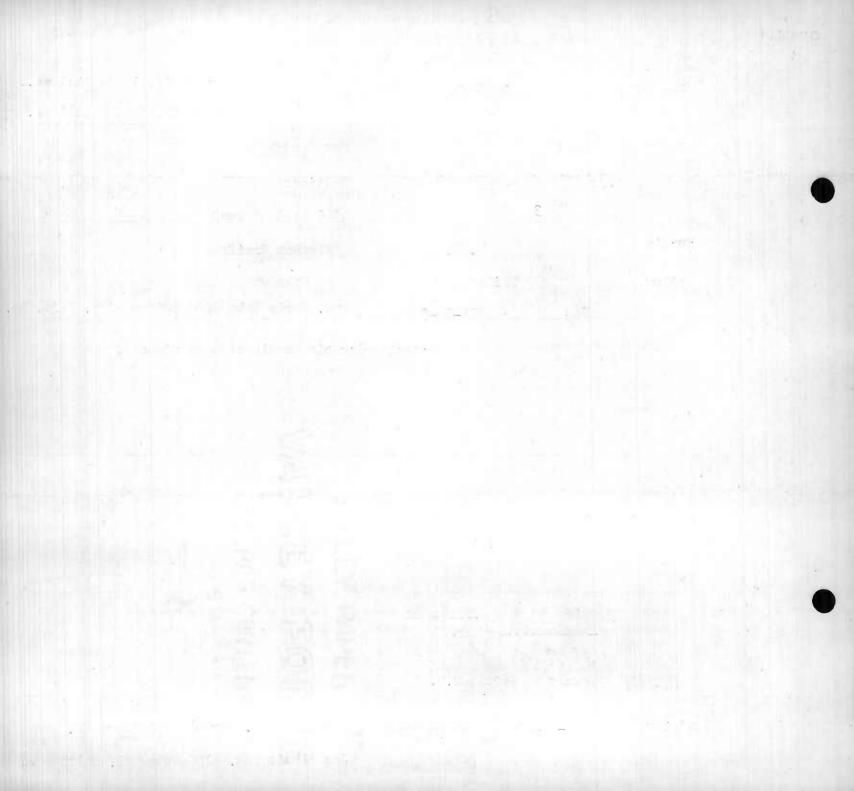
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68- 2098 BALTIMORE CITY HEALTH DEPARTMENT

68- 2098

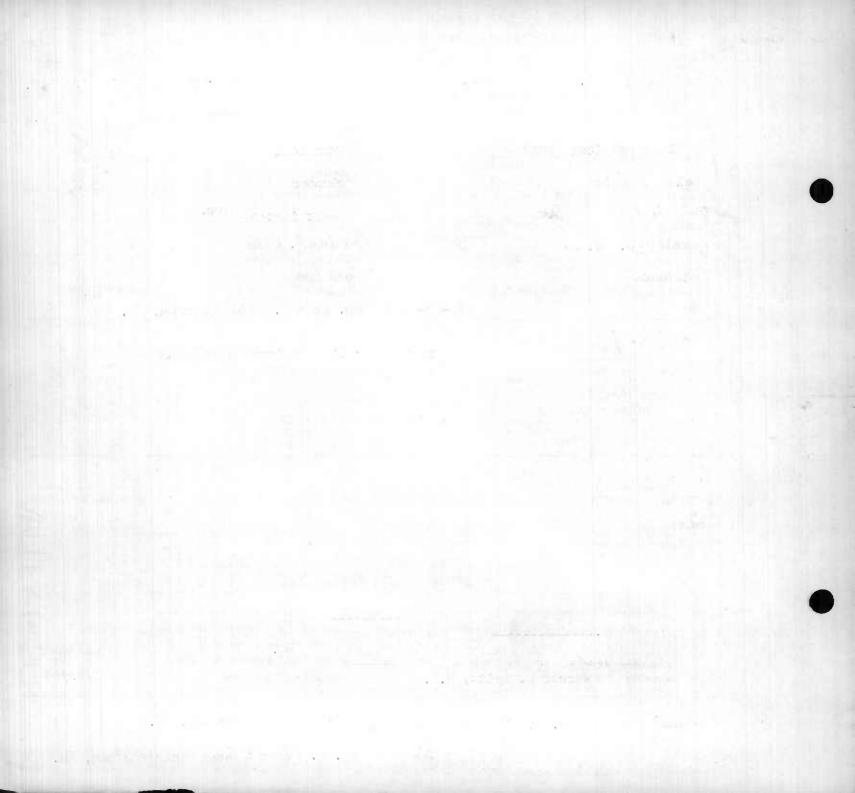
BIRTH NO.	5 CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Knawn XX Manth Day Yeor Hour
(Type or Print)  MAX  GRE IFF	DEATH Estimated   February 20, 1968   11:10 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 20, 1968 11:10 A.M.  5. USUAL RESIDENCE (Where deceased lived. If institution; residence before odmission)
2107 Eagle Street	A. STATE Maryland B. COUNTY 2005
6. SEX 7. RACE B. MARRIED NEVER MARRIE	D . INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCE	Bararinoro itami
9. DATE OF BIRTH 10.AGE (In years last birthday) If Under 1 Yr. If Under 2 Months, Doys, Hours	4 Hrs. E. STREET AND NUMBER 2107 Eagle Street
11. BIRTHPLACE (State or foreign cauntry)  Russia  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IND	Abraham Greiff
dane during most of warking life, even if retired)	OSIATION MONTER S MAIOLITE TAME
Tailor Tailor  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Unknown  18. INFORMANT ADDRESS
(Yes, no or unknawn) (If yes, give war or dates of service)  SECURITY NO	Mrs. Doris Sabo 2406 Briarwood R. Balt. M
No 215-14-587	1 A
19. 4/2,9 1 CAUSE OF	BETWEEN ONSET AND DEATH
(1his does not mean the made of dying, e.g., heart failure, asthenia, etc. I means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	D, OR AS A CONSEQUENCE OF:  O, OR AS A CONSEQUENCE OF:
OF TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
	NO WAS PERFORMED 21. AUTOPSY? (Yes ar Na)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.  22B. PLACE OF INJURY hame, form, factory, stree	(e.g., in or obaut 22C. WHERE DID (If in Boltimore City, give exect location) it, office bldg., etc.) INJURY OCCUR?
OF INJURY (APPROX.)  WHILE AT WORK	NOT WHILE AT WORK
I certify that I held an Inquiry Inspection X resulted from: Notural causes X Accident SIGNATURE	Autopsy ond that an this basis, death in my opinion  Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER 2/20/68
EXAMINER'S Werner U. Spits, M.D.	
EXAMINER'S Werner U. Spitz, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE 24C. NAME of CEME	rcle Cemetery Mt. Carmel Baltimore Md.
EXAMINER'S Werner U. Spitz, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE 24C. NAME of CEME	W4 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2



VS 150-REV. 1/1/6B

all the beautiful of the Elezabeth W. Jamison

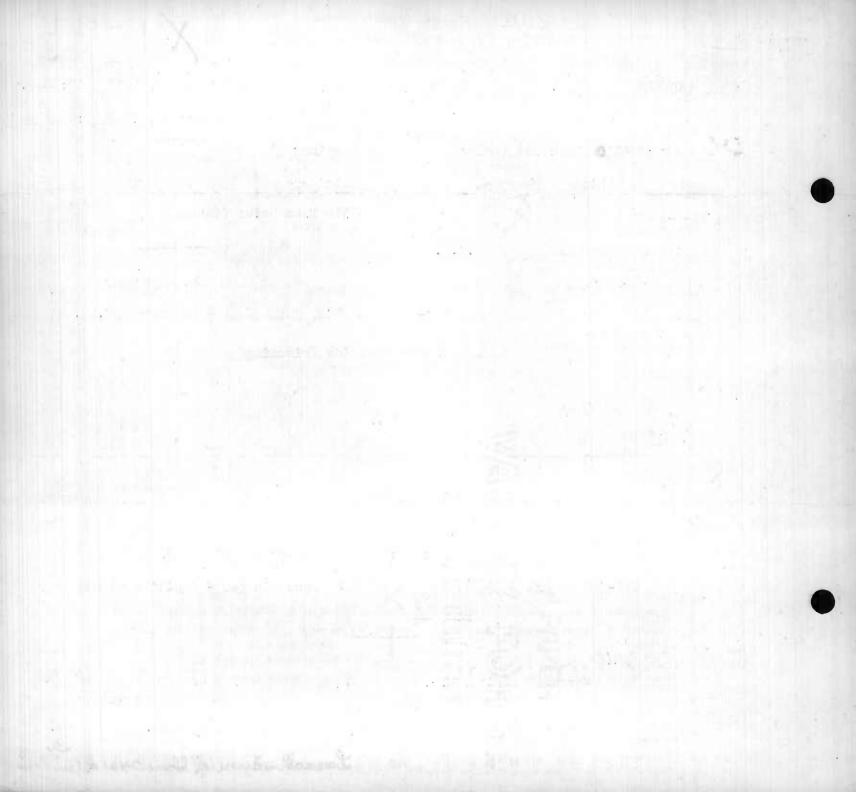
MEDIC BIRTH NO.	CAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	68- 2100
1. NAME OF DECEASED		2. DATE Known Month Doy	Yeor Hour
(Type or Print) RAYMOND	OTTO	DEATH Estimoled   February 19,	1968 2:05 PM
4. PLACE IN BALTIMORE, MARYLAND, WHE		3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL O HOSPITAL ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET N)	PRONOUNCED DEAD February 19, 19	
Cinci Nossital (DOA)		A. STATE B. COUNTY	P. San
Sinai Hespital (DOA)		Maryland D. INSIDE CI	TY LIMITS?
male white w	MARRIED NEVER MARRIED DIVORCED DIVORCED	Gelendyn ye	s No X
9. DATE OF BIRTH 10. AGE (In yet)  July 3, 1917 10. AGE (In yet)	ors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER Worthington Ave.	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
Carroll (o. Md.	WHATCOUNTRY?	Charles E. Otto	
14A.USUAL OCCUPATION (Give kind of work) 14B.	KIND OF BUSINESS OR INDUSTR		
dopeduring most of working life, even if retired)		Dona Long	
WAS DECEASED EVER IN U.S. ARMED EC	DRCES? 17. SOCIAL	0	DDRESS
Yes, go or unknown) (If yes, give wor or dotes of so	717-07-6925	Mrs. Lela G. Otto Glyndon.	Md.
19.	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
(This does not meen the mode of dying, heart failure, asthenio, etc. It means the disinjury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) IMMEDIATE (DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR	Clerotic Cardiovascular Diseas  AUSE AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	e
OF THE PROPERTY OF THE PROPERT	TERMINAL		
20 A. DATE OF OPERATION 208. CONDI	TION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give exceeding, etc.)	ct locotion)
22D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)		WHILE VORK 22F. HOW DID INJURY OCCUR?	
I certify that I held an Inqueresulted fram: Natural couses  ACTUAL SIGNATURE EXAMINER'S Werner UNAME (Type)	Accident Suici	and that an this bosis, death in my de Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Feb. 22,	68 Evergreen Me	$\tilde{\mathcal{L}}:=L_{-}L_{-}M_{-}L_{-}$	n, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.	58. NAME OF REGISTRAR	J. F. Eline & Sons Reist	terstown, Md.



VS 151-REV. 1/1/68

68- 2101 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO. 68- 2101

BIRTH NO.									REG. NO.			
NAME OF DEC	EASED					2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
Type or Print) EDWARD	)	н.			HARMS	OF DEATH	Estimoted 🔀	Febru	ary 19,	1968	10:30	B.
4. PLACE IN BALT			WHERE PI	RONO		3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL	(IF NO	T IN HOSPIT	AL OR INS	TITUTIO	ON, GIVE STREET		NCED DEAD		ary 20.		8:25 A	М.
OR INSTITUTION						5. USUAL RE A. STATE	SIDENCE (Where		ed, If institution:  B. COUNTY	residence	before admission	)
Rear of	4116	Fleetv	rood A	Aver	nue		land		b. COUNTY	Dall	2 (1)	
5. SEX	7. RACE				NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?		
male	whi	to	WIDOV	-		Ro1t	imore		VE	s XX	NO 🗆	
9. DATE OF BIRTH		10. AGE (	In yeors	If Un	der 1 Yr. If Under 24 Hrs.		ND NUMBER			7 20.24		_
70 5 700	7	lost birthd	1	Mont	hs Doys Hours Min.	1110	Tace Dri	Ve (E	sex)		33-0	0
12-5-190'		n country)	60	12. C	ITIZEN OF	13. FATHER		(1)	JOCA)			-
	4.5				HAT COUNTRY?			W1.	. 12			
Baltimo			II AR KINI	OFF	U.S.A. BUSINESS OR INDUSTR	VIS MOTHER			ard Harm	S		_
done during most of w				011	03114E33 OK 114D031K	I IO. MOTHER	S MAIDEN NA	*16				
Own Bu	isness			rbe				ma Lil	Lie Work			
6. WAS DECEASE Yes, no or unknown)	ED EVER IN (If yes, give v	U.S. ARME vor or dotes	of service	S? e)	17. SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS	2122	
No					218-32-3020	Mr Jo	nn Benda	1110 T	ace Driv	e Apt	.1A. 21	
19. = 9 5	2.0				CAUSE OF DEA	TH					PPROXIMATE INTER	
-	1000	ITION DID	CTIV									
	E OR COND LEADING TO		CILY		Carbon M	lonoxide	Poisonin	ıg				
	of meon the		vina. e.a		(A) IMMEDIATE O	AS A CONSEO	IENCE OF:		************			
heort foilure,	osthenio, etc	. It meons th	e diseose,		DUL 10, OK	AS A CONSEC	DETACE OF .					
milet y et com	rpinconon with		,									
AN	NTECEDENT	CAUSES			(8)							
DISEASES C	R CONDITION	ONS, IF AN	Y, GIVING		DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYIN	IG CONDITI		AIIINO INC		(5)							
6	-				(C)							
E 973	IFICANT CON	II VOITIONS C	ONTRIBLE	TING								
O THE DEA	TH BUT NOT	RELATED TO	THE TERM	AINAL								
	CONDITION				WHICH OPERATION W	AC DEDECTA	ED.			21 AUTC	OPSY? (Yes or N	101
O A DATE OF	OPERATIO	4 20b. CO	MUIIION	FOR	WHICH OPERATION W	AS PERFORM	ED			ZI. AUIC	)6245 (162 OL 14	0)
											No	
UNDERLYING	NAL CAUSE			22B. P	PLACE OF INJURY (e.g., form, foctory, street, office	in or obout 2	2C. WHERE DID	(If in Boltimo	e City, give exo	t locotion)		
UTING CA					street	0.000., 0.00.,		f 4110	Eastwoo	od Ave	enue	
≥ 22D. TIME (		oy) (Yed	r) (Hou	r) 22	FINILIRY OCCURRED	2	F. HOW DID IN					
OF INJURY (APPROX.)	2/2-/6	0 7	TATIZ		HILE AT NOT	WHILE X	Found in	000	ioniti		and does	
23.	2/24/0	0 (	JNK	m. W	OKK AIV	VOKK LAL	Found in	cai -	Ignicio	011	clo	ose
	ify that I h	eld on	Inquiry [		Inspection X Au	top sy	ond that on the	his basis.	deoth in my	onlaion	01.	
						_			ned monner	7		
result	red from: N	otural co	uses	A	ccident Suicio							
ACTUAL	1000	,		/			HIEF MEDICAL E		_		DATE SIGNED	)
SIGNATU	JRE MUCH	me	12.	-7	M.C	ASSIS	STANT MEDICAL	XAMINER	KX.		- 1 1-	
EXAMINI	ER'S	Werner	U S	Sdilt	z, M.D.	ASSO	CIATE MEDICAL	XAMINER			2/20/68	8
NAME (T	ype)			-7								
24A. BURIAL CREA REMOVAL (Specif		48. DATE		240	C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county	(Stote)	
	Υ)	2 22	1069		Pomlero ad Com	a + am	12	oltima	no Co		Md.	
Burial 25A. DATE REC'D	RV HEALTH	2-23-		JAME	Parkwood Cem		UNERAL DIRECT	altimo		DDRESS		
-			250. 1	AMINE	OT REGISTRAR		DIVERNE DIRECT		A		36	-
	FR 93	1069	100	R	0 I. A	90	0000		110	21/-	ibl d	1



VS 150-REV. 1/14/8

3-4-68

M.H.

The Union Memorial heapth haltenine

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80th Ta.

80th Inc.

2/16/1968 super puber practition times

02/2001-31-1868 -

Fire 4 Che

Union Monorine

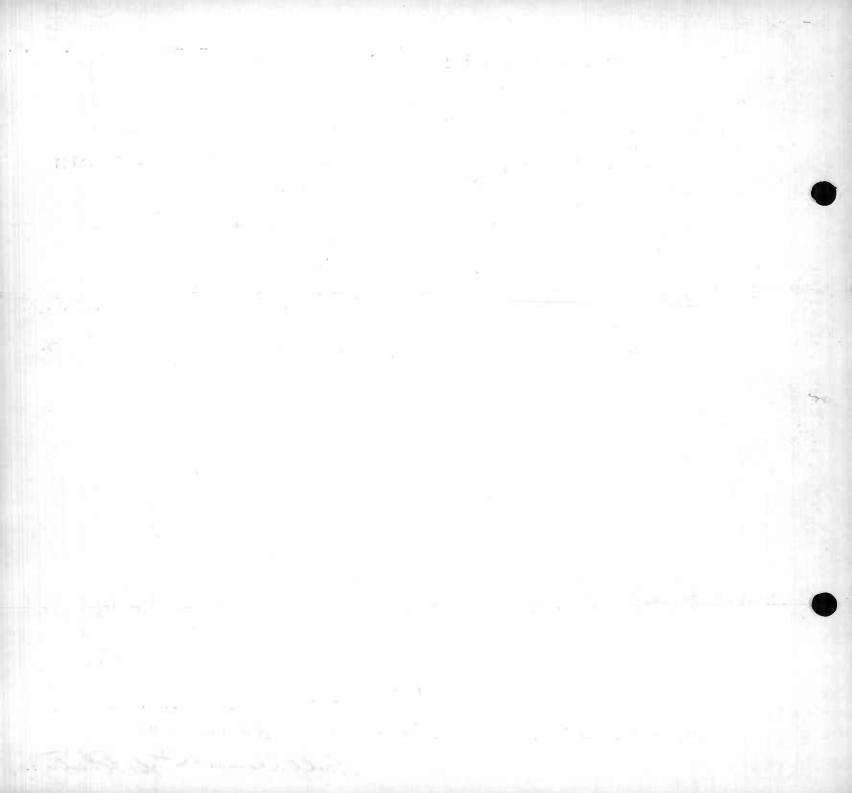
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Brownshopsdammer

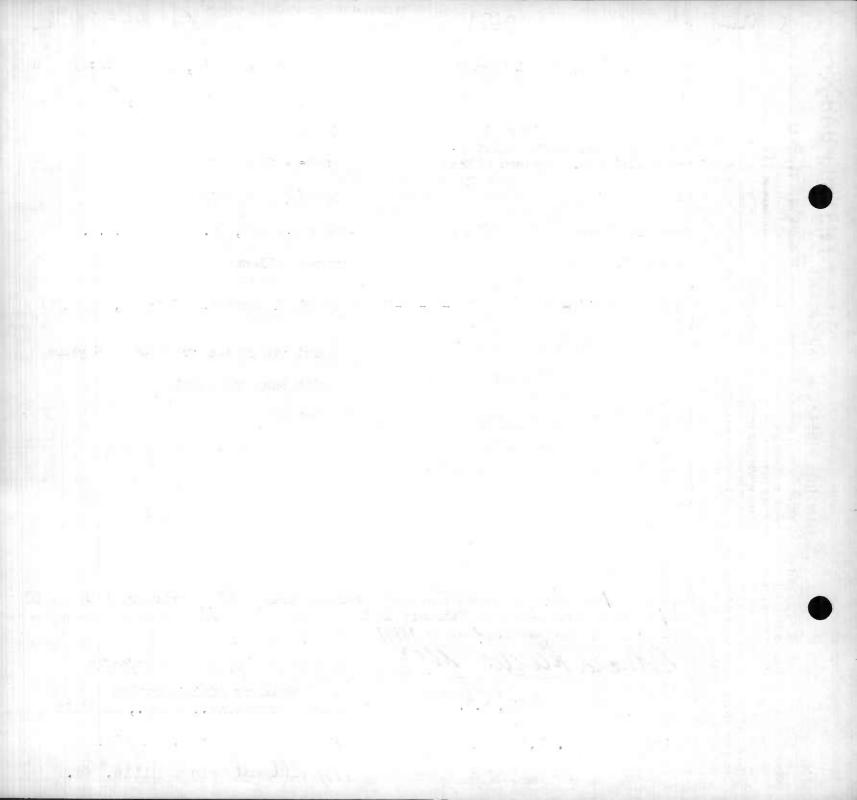
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV, 1/1/6B

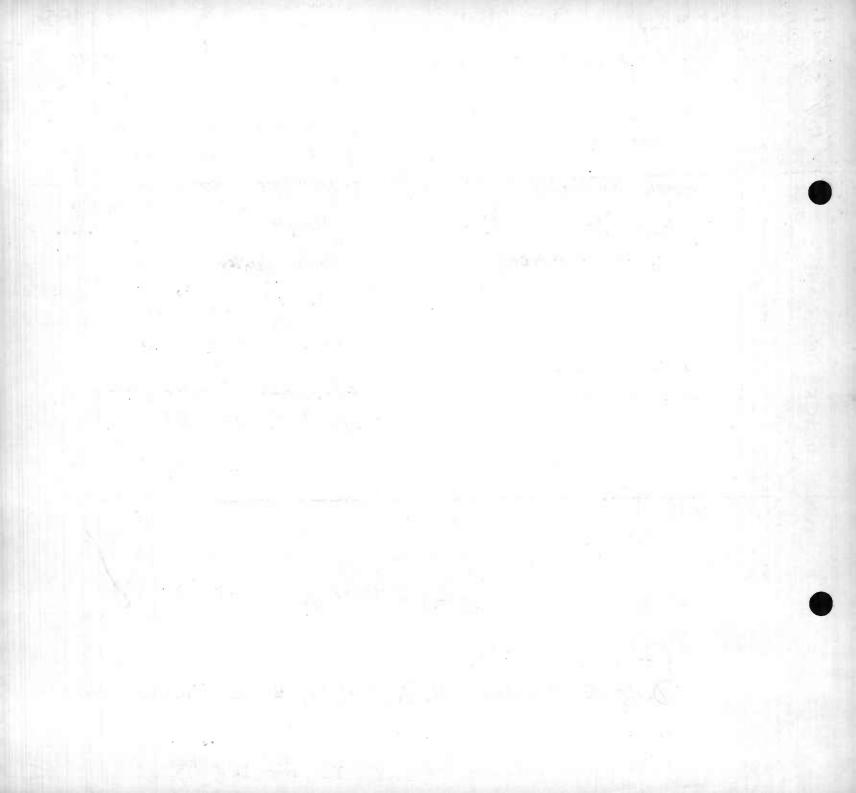
00 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before D. INSIDE CITY LIMITS YES NO AVENUE If Under 1 Yr. Months! Doys tf Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTO. MD.21224 BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? (If in Baltimore City, give exoct location) ond that in (my) Your) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) (Stote)

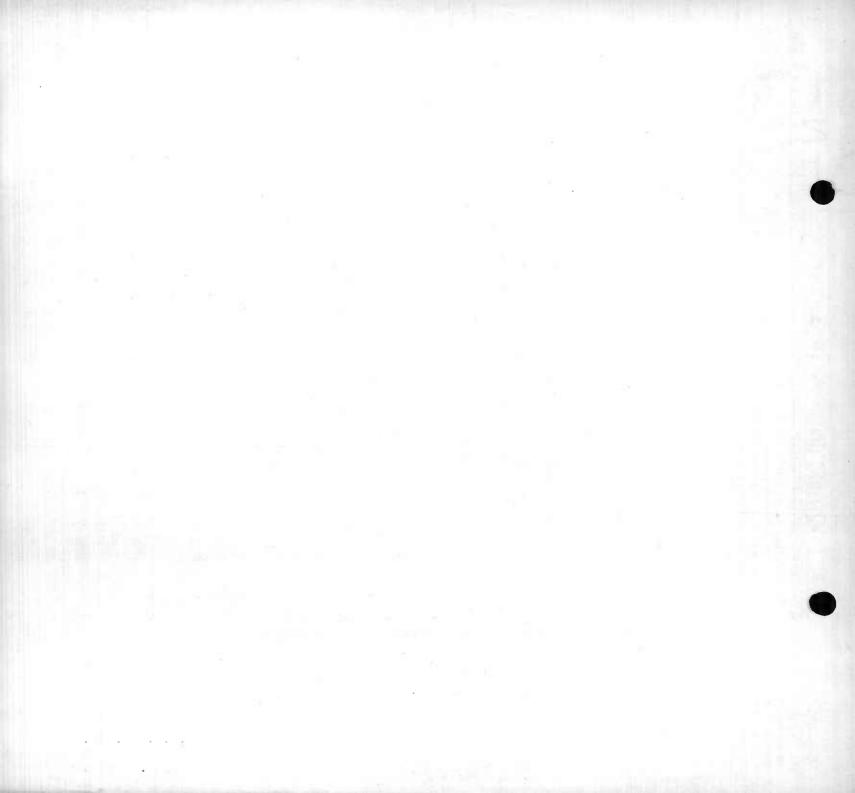


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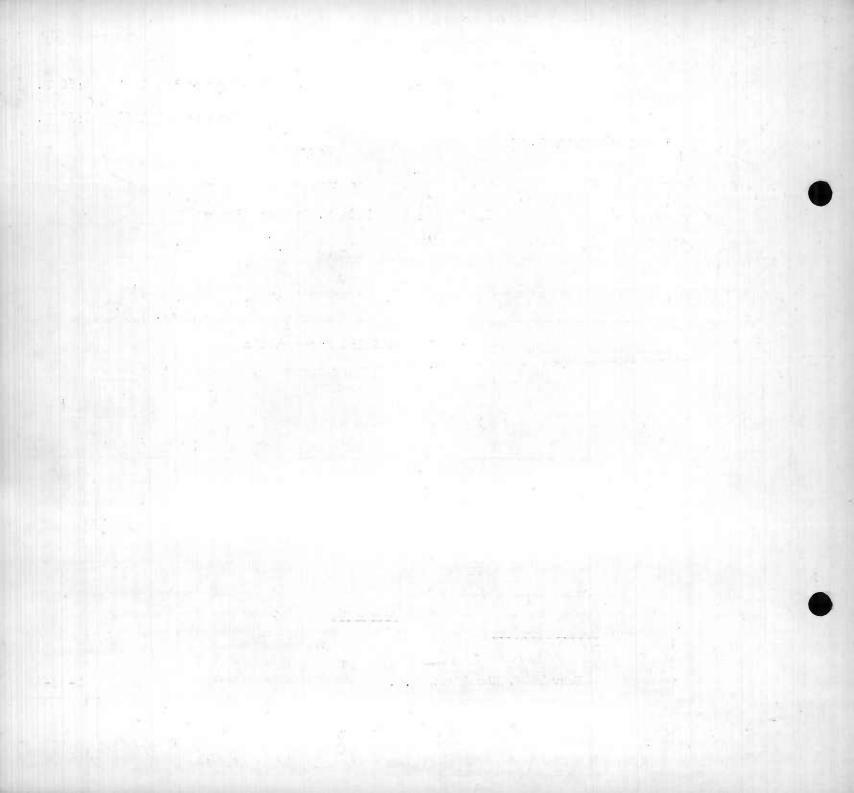


VS 150-REV. 1/1/6B





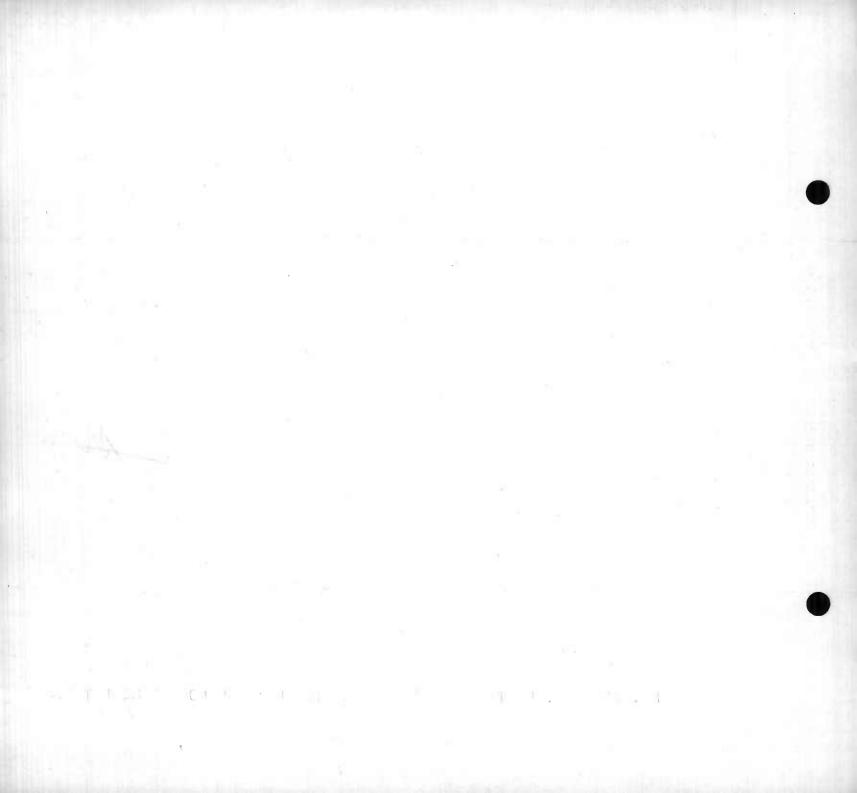
BIRTH NO. 68-0090 9 MEDICAL EXAMIL	VER'S CER	RTIFICATE O	F DEATH	REG. NO	68	2107
1. NAME OF DECEASED (Type or Print)		OF Known	Month	Day 1	Year	Haur
		DEATH Estimated L		ry 18, 1		4:50 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVES HOSPITAL ADDRESS OR LOCATION)		DATE PRONOUNCED DEAD	Februar	Doy 18, 1	968	4:50 P. M
OR INSTITUTION		USUAL RESIDENCE (W			residence be	
MERCY HOSPITAL (DOA)	A. 1	Maryland Maryland	В	. COUNTY		
6. SEX 7. RACE 8. MARRIED NEVER	MARRIED C.	CITY OR TOWN	T	D. INSIDE CITY	LIMITS?	17-04
Wala Warne		Baltimore		VEC	B	100
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If	Under 24 Hrs. E.	STREET AND NUMBER		123	023	
1/18/68 lost birthday) Manths Days	2	014 N. Calve	rt Street			
11. BIRTHPLACE(State or foreign country)  12. CITIZEN O WHAT COL		FATHER'S NAME	erau	sin		
14A.USUAL OCCUPATION (Give kind af work) 14B. KIND OF BUSINESS dane during mast of working life, even if retired)	OR INDUSTRY 15.	MOTHER'S MAIDEN N	IAME 5			
	0	lowery	Nev	gen		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dotes of service)  17. SOCI SECU	AL RITY NO.	INFORMANT &	Dur	ADI	DRESS	· Court
119. 4 CA	USE OF DEATH	eminy	Jer gra	24/1		ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		ial Pneumoni	tis		BETWE	EN ONSET AND DEATH
LEADING TO DEATH	JIMMEDIATE CAUS	·F				
(This daes not mean the made of dying, e.g.,		CONSEQUENCE OF:		<del></del>		
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)						
ANTECEDENT CAUSES (E	0					
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR AS A	CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
6	/					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OF						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH O	PERATION WAS P	ERFORMED			21. AUTOP	SY? (Yes ar Na)
0					Y	es
UNDERLYING OR CONTRIB-		g., etc.) 22C. WHERE DI		City, give exac		
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY	OCCURRED	22F. HOW DID	INJURY OCCU	R?		
OF INJURY (APPROX.) WHILE AT WORK	NOT WHE					
23.  I certify that I held an Inquiry Inspect	T	\[ \sigma \]	a ship basia d	leath in mi	ninis-	
	_		n this basis, d		1	
resulted fram: Natural causes X Accident	_ Suicide L		1	ed manner L	,	
ACTUAL ( 20 21/2 2 de		CHIEF MEDICA	r	32		DATE SIGNED
SIGNATURE O Curley Mante	M.D.	ASSISTANT MEDICA	AL EXAMINER	X		
examiner's Ronald'N. Kornblum	n, M.D.	ASSOCIATE MEDICA	AL EXAMINER			2-19-68
	of CEMETERY or	CREMATORY 2	D. LOCATION	(City, town,	or county)	(State)
REMOVAL (Specify) 2/21/68 mt	Eall	any et	aaa	6. m	ia	1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	STRAR	FUNERAL DIRE	CTOR 10	8 20 AD	DRESS	gener ?
EEB 23 1968 P.C. 5 8. 3	2 Deura	South	Buon	my Su	_ (	1 001
VS 151-REV. 1/1/68						



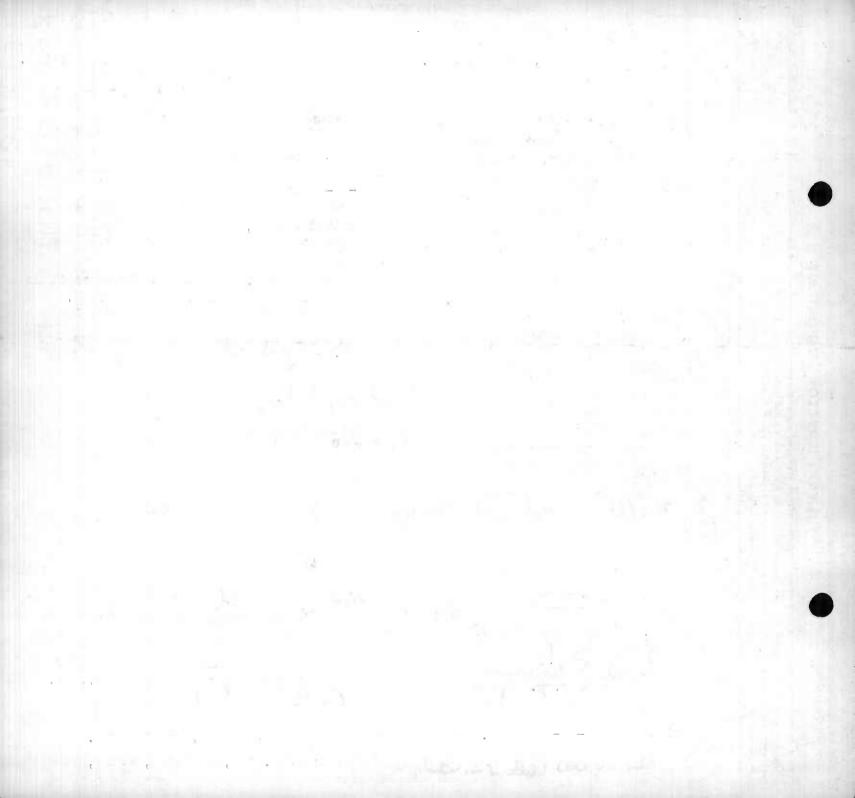
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DIRECTOR:

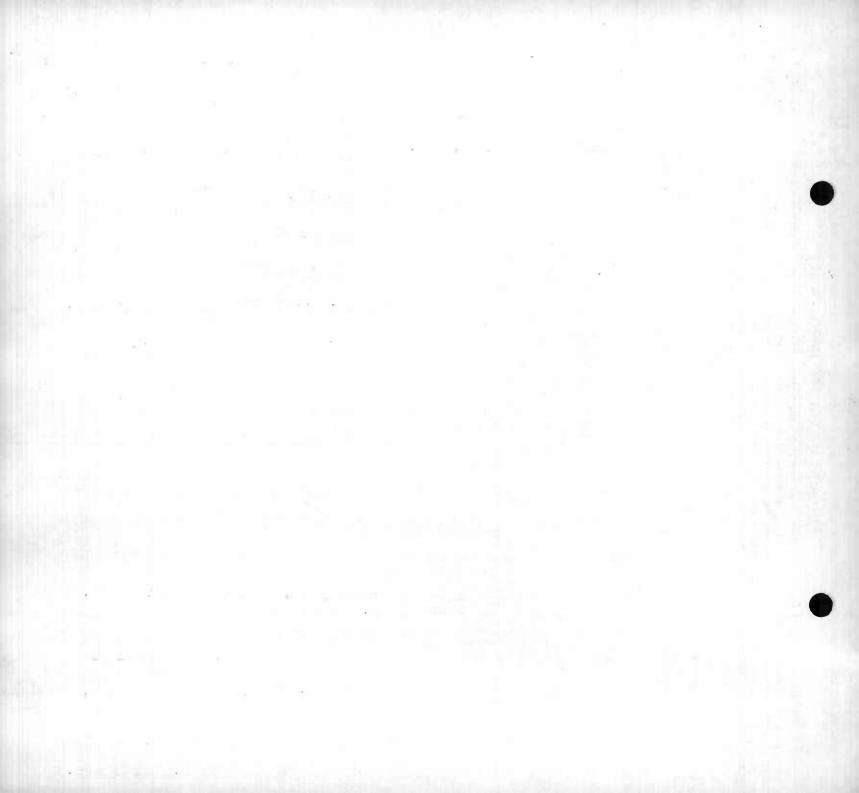
FUNERAL



VS 150-REV. 1/1/68

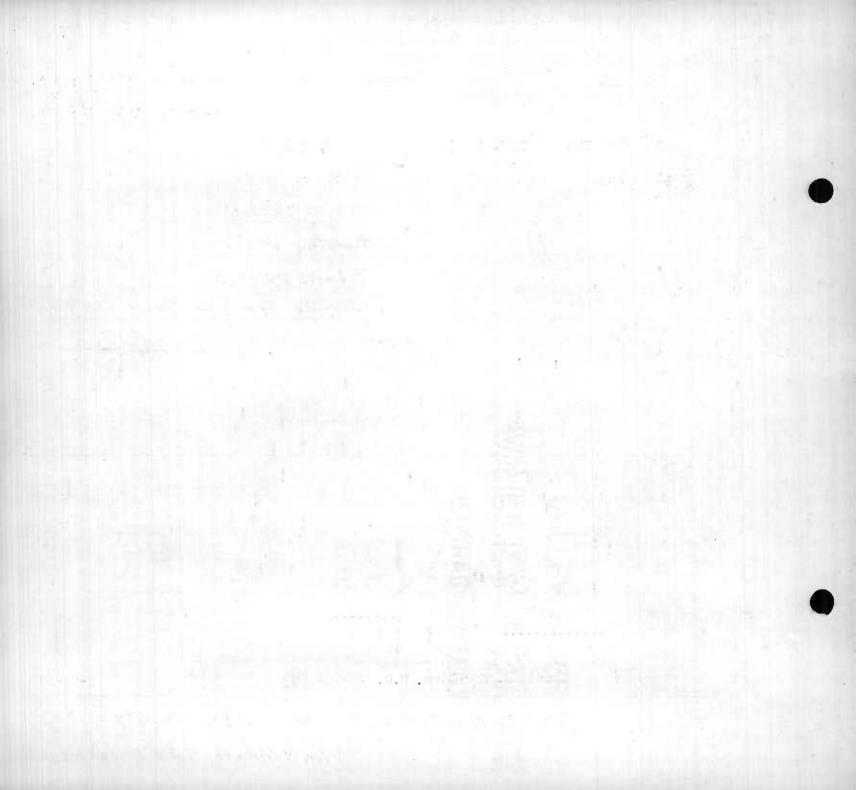


VS 150-REV. 1/1/6B



BIF	TH NO. 68	-01175 M	EDICAL	EX	AMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.		The second second	
1	NAME OF DEC	FASED			SPRI	2. DATE	Known   Estimoted	Month Febru	Day	Year 1968	10:45 A	_
4. FUI	PLACE IN BALT L NAME OF SPITAL MISTITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INST OCATION)	ΟΙΤυτιο	UNCED DEAD N, GIVE STREET	3. DATE Manth Doy Year Hour PRONOUNCED DEAD February 19, 1968 10:45 A.M.  5. USUAL RESIDENCE (Where deceased lived. II institution: residence before odmission)						
UNION MEMORIAL HUSPITAL (DOA)							Maryland		B. COUNTY	2	7-10	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED						C. CITY OR TOWN   D. INSIDE CITY LIMITS?   Baltimore   YES   NO						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths: Days: Hours I Min.							AND NUMBER 4 Old York	Road				
11.	BIRTHPL ACE (S	tate ar foreign caunt	ry)		TIZEN OF THAT COUNTRY?		er's NAME	allen	15			
		PATION (Give kind af arking life, even if reti		OF B	USINESS OR INDUSTRY	15. MOT	HER'S MAIDEN NA	ME				
16. (Ye	WAS DECEASE s, no ar unknawn)	D EVER IN U.S. AR (If yes, give war or d	MED FORCES ates of service	?	17. SOCIAL SECURITY NO.	18. INFC	enda Sj			DDRESS 04 C	212 York	K
NOI	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury ar complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (C)											
CERTIFICATION	TO THE DEA	IFICANT CONDITION ITH BUT NOT RELATE CONDITION GIVEN OPERATION   20B.	D TO THE TERM IN PART 1 (A)	INAL	WHICH OPERATION W	AS PERFO	RMED			21. AUT	OPSY? (Yes ar Na	)
EDICAL CE	(22A EXTERNAL CAUSE WAS 22B PLACE OF INTURY/e.g. in or chaut 22C WHERE DID /// in Raltimare City									oct locotion)	Yes	
Σ	22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURED VHILE AT WORK 22F. HOW DID INJURY OCCUR?											
		JRE Ruors	couses K	Ac	Inspection Au coldent Suicide Ornblum, M.D	). A		Undeterm EXAMINER EXAMINER	-		DATE SIGNED 2-19-68	
	A. BURIAL CREA MOVAL (Specif	AATION, 24B. DA	TE 21/68	- Z40	Pleasant A	Pest	Cem.		V (City, tax	in, ar county	(State)	
25		BY HEALTH DEPT. EB 23 1968		IAME	OF REGISTRAR		MAN MA			ADDRESS E,/	YORTH	4

VS 151-REV. 1/1/6B



2-71 2 1-11 -T 171 Y T Y

P 7	1 00		BALTIMORE CITY	HEALTH DEPARTMENT		00 2440			
0-20	68-	2113	CERTIFICA	TE OF DEATH	REG. NO	68- 2113			
BIRTH NO.			CERTIFICA		\				
T, NAME OF DE (Type or Print)	DORIS	60002	_		ND HOUR OF DEATH	210 P			
3. PLACE IN BA	LTIMORE, MARYLAND, WHE			4. USUAL RESIDENCE (Wh A. STATE B. COU MARYLAND	ere deceased lived. If in	nstitution: residence before admission			
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OF LOCATI	OR INSTITUT	SPITALS	C. CITY OR TOWN BALTIMORE	d. INS	DE CHYLIMIUS?			
71	4940 EASTE					YES NO			
31	BALTIMORE 1			E. STREET AND NUMBER 3202 BARRIN	GTON TROAD	21215			
FEMALE	NEGRO	MARRIED X	NEVER MARRIED   DIVORCED	8. DATE OF BIRTH 11-30-33	9. AGE (In years last birthder 34	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
	CUPATION (Give kind of work 10	B. KIND OF E	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNT			
Teache		Public	School	MARYLAND		USA			
3. FATHER'S NA	CLARENCE			EDNA	AME				
5. Was Decease fes, no or unknow	d Ever in U. S. Armed Forces	of service)	6. SOCIAL SECURITY NO.	RECORD: BCH-4	940 EASTERN	AVENUE 21224			
18. 20	6.01		CAUSE OF DEATI	1	201100	APPROXIMATE INTERVA			
	ASE OR CONDITION DIREC	CTLY							
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Desticem	ia	6 hours			
	not meon the mode of d		A CONSEQUENCE OF:						
	, asthenia, etc. It means th implication which caused de		1			011 11			
	ANTECEDENT CAUSES House Mousblaste Centering								
DISTAGES	(B)								
rise lo l	OR CONDITIONS, if on the obove couse (A) since CONDITION last.		(C)	A CONSEQUENCE OF:					
	, 2 II		Thomas	lar exapulo	matles	3 days			
	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART 1		Mourasa	7000000	),,,,,,	/.3			
		TION FOR W	HICH OPERATION	YES  20 A. AUTOPSY? (Yes or No.)  20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES					
21A. ACCID OR CONTRIB DEATH (notice)	ENT WAS UNDERLYING DEUTING CAUSE OF	21 B. P home, etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, of	n or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)			
21D. TIME	(Month) (Doy) (Year)	Hour) 21E. I	NJURY OCCURRED	21F. HOW DID IN	LIURY OCCUR?				
S OF INJURY	(1.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		hile At Not While						
(APPROX.)		Work							
22. I certif	y that (1) (this hospital)	ottended the	deceased from	-2/1	19 68 to	2-19 19 60			
	tost saw the deceased		2/15	19 68		inion death accurred on the a			
						death decoiled all lue (			
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.								
23A. 5IGNAT	URE PORT OF	0,0,		nding Med.	Staff	2-19-68			
23C. PHYSICI	AN'S	uzy	DEGREE	23D. ADDRESS BALTIM	ORE CITY HOS				
	DANIEL TARSY		OEGREE	BATTI	ASTERN AVENU	2122/			
REMOVAL	(Specify) 248. DATE	24C. NAI	ME of CEMETERY OF CRI	MATORY 240:	2 1.	(Stote			
DURINI 25A. DATE REC	2/24/68 D BY HEALTH DEPT. 25	B. NAME OF	FREGISTRAR	25C. FUNERAL DIRECTO	DA/IIMORE	ADDRESS			
	FED 2.3 1068	20 8	E Farberns	HEXBERT E	Holler 303.	5W NORTH Are			
VS 150-REV. 1/1	1300 × 0 1300	COUNTY.							



VS 150-REV. 1/1/68

68- 2114

USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

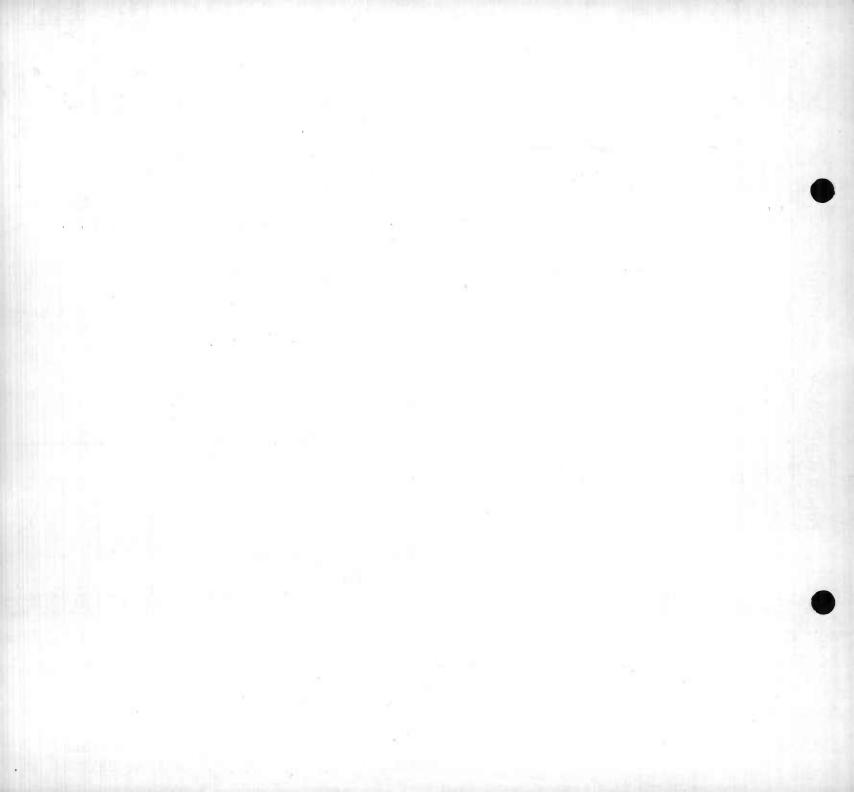
NO

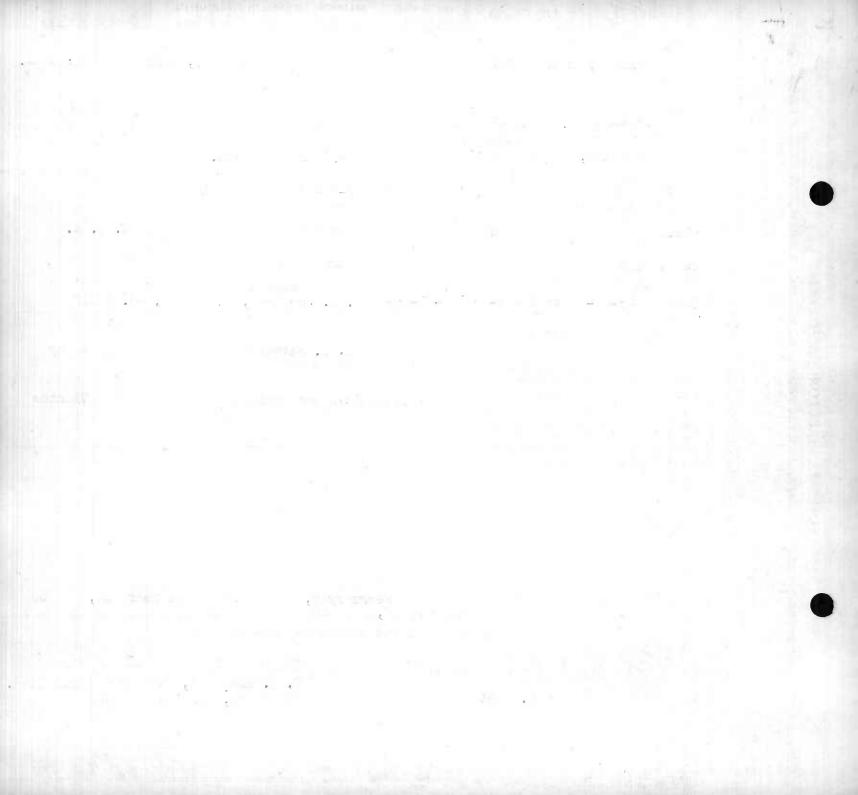
If Under 24 Hrs. Hours

U.S.A.

ADDRESS

23 B. DATE STONED

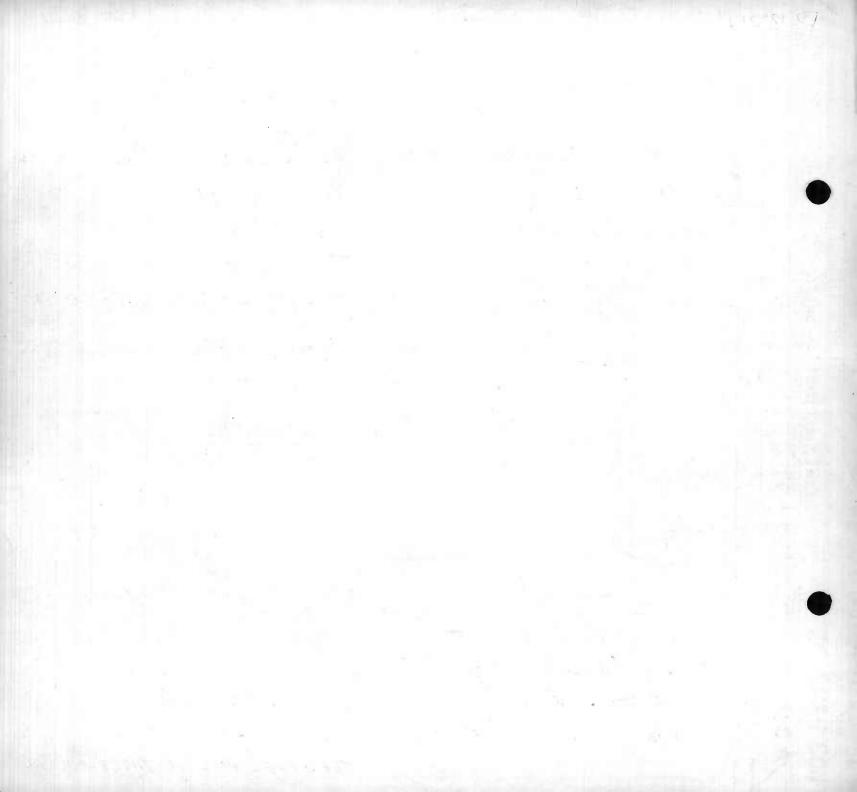




	- D. D.	~ 014	BALTIMORE CIT	Y HEALTH DEPARTMENT	Registered Na	68- 2116			
M.E. CASE NO.		211	6 CERTIFICA	TE OF DEATH					
1. NAME OF DE (Type or Print)	CEASED Mart	ha Scl	hleuning	February 20, 1968 H. 30 cm					
3. PLACE OF D	EATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. II	institution: residence before admissi			
FULL NAME		or institution,	give street	Maryland					
HOSPITAL OF	ddress or location	)		C. CITY OR TOWN (IF	outside city limits,	RUKAL nd give (Whaship)			
00	da.d			Baltimor	The same of the sa	1-51			
00	5925 Yorkwood	Road		D. STREET ADDRESS (If rurol, give location)  5925 Yorkwood Road					
6. SEX   6. RACE   7. MAR			NEVER MARRIED						
Female	White	Widowed	D. DIVORCED (specify)	July 24, 1877	lost birthdov	If Under 1 Yr. II Under 24 Hours Min			
OA. USUAL OC	CUPATION (Give kind of work			11. 8IRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF			
lone during most of Housev	of working lite, even if retired)   งา์ โล	Own H	ome	Germany		U.S.A.			
3. FATHERS NA		0 1122 22		14. MOTHER'S MAIDEN N	AME				
	William Zie	olineki		Rose					
5. Was Decease	ed Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
Yes, no or unknov	vn) (If yes, give wor or dotes	of service)	SECURITY NO. 218-52-0259		Tung COOK	Yorkwood Road			
NO 18. / / /				Mrs. Frances	Duli 2 2725				
7/	ASE OR CONDITION DIR	CTLV				INTERVAL BETWEEN ONSET AND DEATH			
DISEA	LEADING TO DEATH	ECILI	~	regocardes venez Acrl	0 8 ml -	o. 1 Caux.			
	nal mean the made of		DUE TO	Ö	5 0				
	mplicolian which caused		0-	D-0	-0.	10 -			
	ANTECEDENT CAUSES		(8) DUE TO	yearly Herr	everkanen	years.			
	OR CONDITIONS, if		001.0	9					
	he obove cause (A)	stoling the	(C)			000000 **** • *** *** *** *** *** *** **			
420	, / 11								
OTHER SIGN	NIFICANT CONDITIONS CO	ONTRIBUTING	3		_				
DISEASE OF	R CONDITION CAUSING IT			•					
LIVA. DATE C		ORMED OR	WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCID	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)			
OR CONTRI	SUTING CAUSE OF	hom etc.l	e, lorm, loctory, street, o	Ifice bldg., INJURY OCCUR?		only, give exect leconom			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21F	INJURY OCCURRED	21F. HOW DID II	NILLEY OCCUP?				
OF INJURY			le At Not Whi		NJORT OCCOR:				
		Wo	AT WORK	hand		F16 20 10 6			
22. I certify that (1) (this hospital) attended the deceased fram									
that (1) (we) last saw the deceased alive an 1806 19 19 68 and that in(my) (set) apinian death accurred an th									
		ed abave. (I	) (We) (did) (did not)	view the bady after death	1.				
23A. SIGN AT	URE	0	-axx			23B. DATE SIGNED			
	10 Cm	and a	elle so Ath	ending Med. Director	Stofl Phy s.	4022/68			
23C. PHYSICI	(Тура)	acer B	ERSTOCK M.D.	3500 N (	ALVER	TBALTO (8.			
4A. BURIAL CR REMOVAL	EMATION, 248, DATE		ME of CEMETERY OF CR			City, town, or county) (State			
Burial	2-24-1	968 н	oly Rosary	R	altimore Com	nty, Maryland			
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECT	OR OR	ADDRESS			
	0 9 2 1068 A	Da 6 2	tallengen	Lilly & Zeil	Ler Inc. 19	01-07 Eastern Ave			
VS 150-REV. 17	100 N O 1000 U	A CALL							

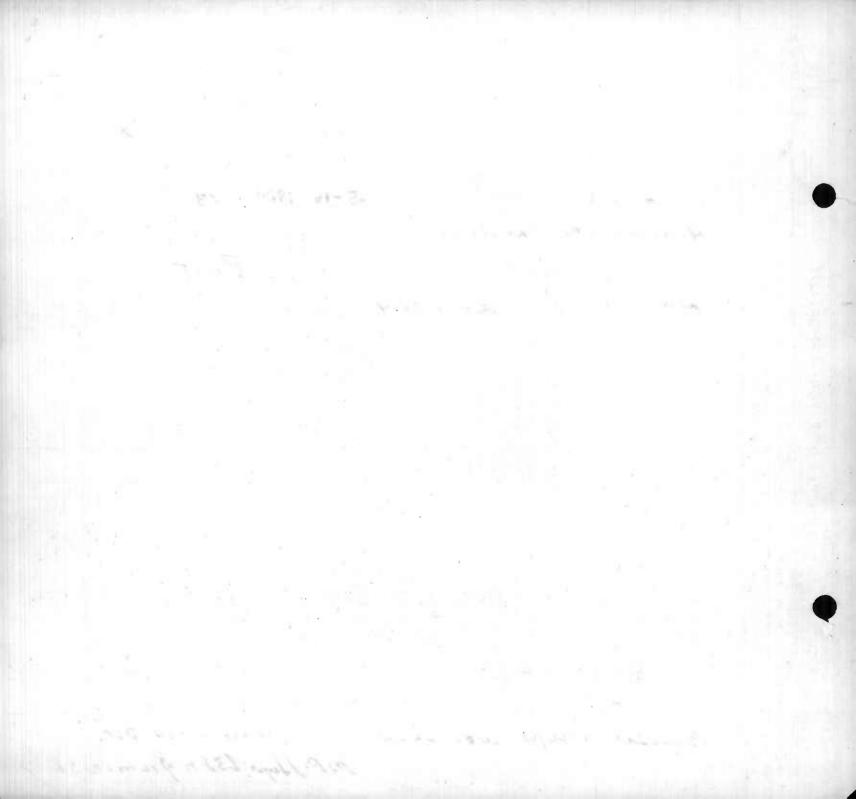


VS 150-REV. 1/1/68



P-	643	CERTIFICATE OF DEATH  REG. NO. 68-2118
,	sed the uch	BIRTH NO.
	S	(Type or Print)  RALPH PARLETT  2. DATE AND HOUR OF DEATH  2 - 22 - 68   2:45 Am.
	Dec of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
	hosp ise (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  G. CITY OR TOWN  D. INSIDE CITY LIMITS?
	ting d cau d cau r atte prior e.	34 Bon Secours Hospital Ellicott City YES NO NO TESTAL TO CREST Leigh ROAD
•	occurrion ontribu ermine regular eased ris mad	5. SEX    6. RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   Never Married   Never Marr
	or co ndete s in r dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Auto Derlee MARYIAND  12. CITIZEN OF WHAT COUNTRY?  Auto Derlee MARYIAND
E	direct or control (4) Under (4) Unde	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
IMPORTAN	the di the di kind; death nee on final di	15. Wos Deceosed Ever in V. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 215 03 0893  16. SOCIAL SECURITY NO. 215 03 0893  17. INFORMANT  Mrs. Ralph Parlett 720 Crestleigh Rd. Ellicott City Md.
NERAL DIRECTOR: IN	ef medical examiner or his medical examiner. Also dy burns; (3) A fracture of physician who pronoun cian was in regular after he remains are embalmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthemia, etc., if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating like UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION 1798. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
N	chi Bo th th rysi	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
TT.	y the ital b e; (2) where No pl befo	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR?
	hospi nature ept w d (6) h	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work 21 Work 21 Work 21 Work 21 Work 21 Work 22 While At Work 22 While At Work 23 Work 25 While At Work 25 While 25 While At Work 25 While
	the ny exc and	22. I certify that (1) (this haspital) attended the deceased fram 2-19 19 68 to 2-22 19 68.
	be ap nt of a pital ( eath);	that (1) (we) last saw the deceased alive an
	a + a c e =	Attending Med. Stoff Director Stoff Director Phys. 2-22-68
	certificate sody was r ss. (1) An a D.O.A. at ased prior	23C. PHYSICIANY NAME (Type)  ONG  CHO  OEGREE  DON SEGUES HOS DOZE N. FAYELE ST.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, town, or county)  (Stote)
	This cert the body shows: (I was D.O. deceased	Burial, 1,68 Feb.24 '68 St. John's Ellicott City Md.
	the body shows: (I was D.O deceased	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR Harry Witzke Columbia Pike Ellicott City Howard County uneral Home
		VS 150-REV. P.F. 18 2 3 1968 (1) D. 15 2, Johnson

VS 150-REV. 1/1/6B

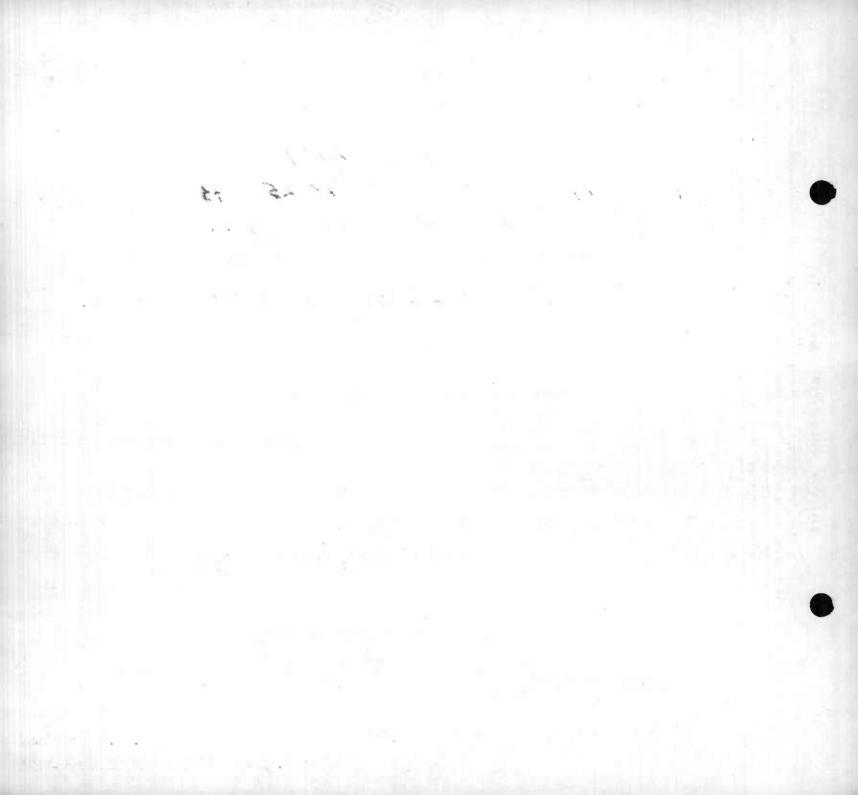




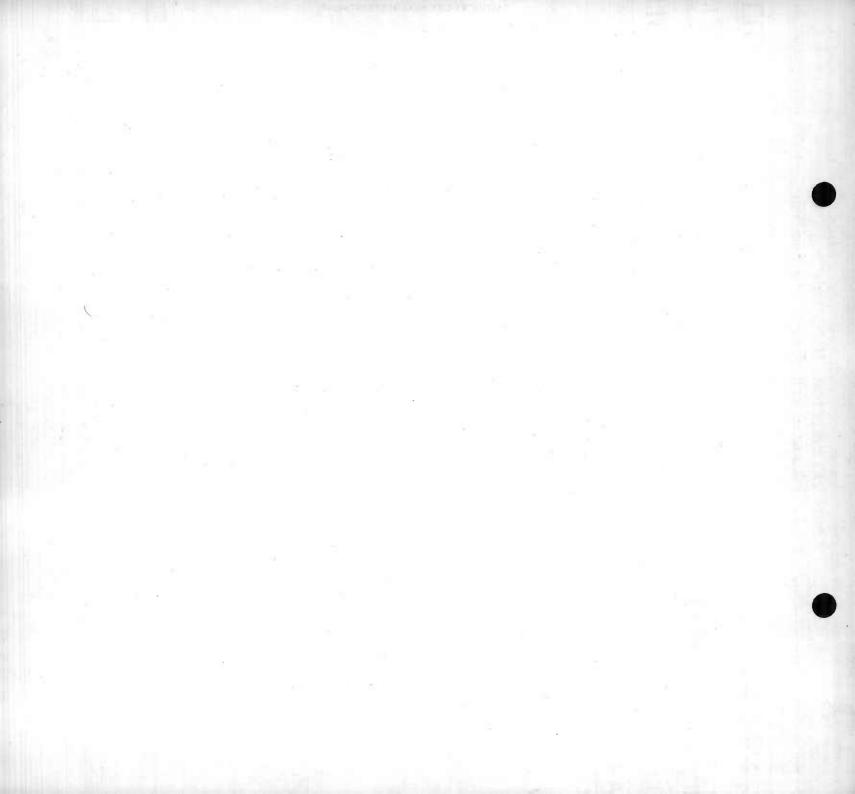
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Maria and Phones 65811 grant and

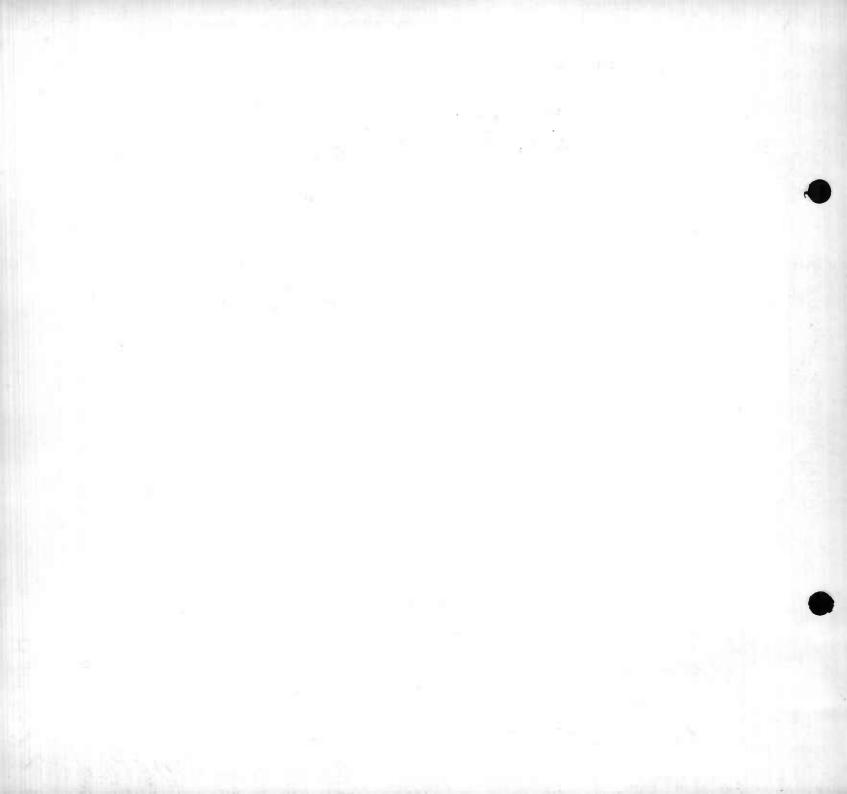
VS 150-REV. 1/1768

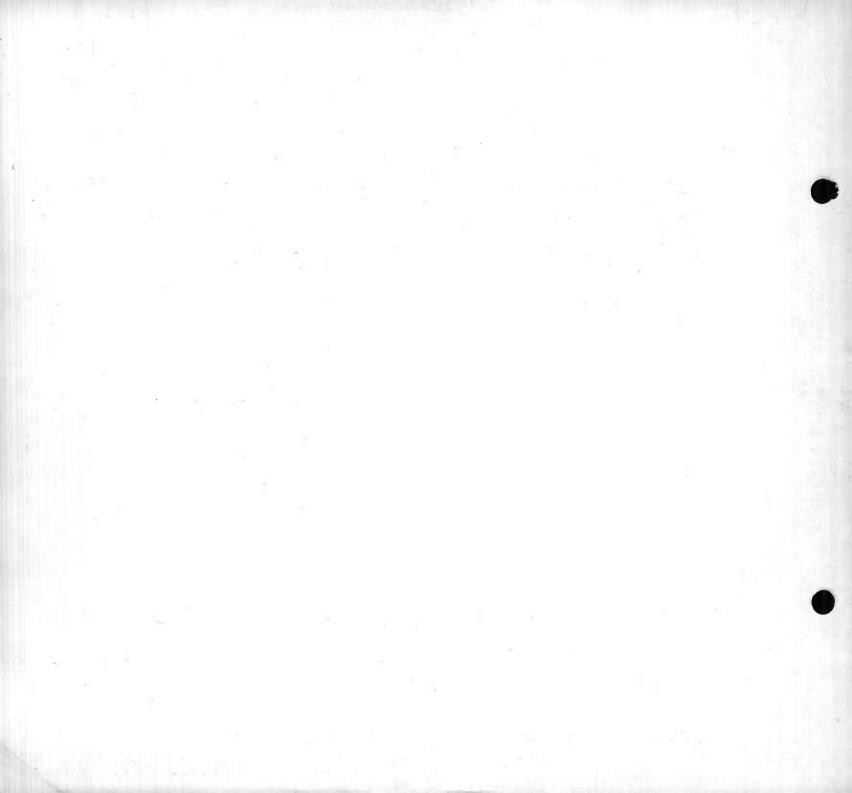


201 201			6	8- 212	20			
111-344 68-2122	CERTIFICA	TE OF DEATH	REG. NO.	NEW OIL	in the			
BIRTH NO.			D HOUR OF DEATH					
ype or Print MAMIE MITCHELL		2. DATE ANI	2/11/68		940			
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	A. USA, ST.  JITION, GIVE STREET  C. CIT  BUSINESS OR INDUSTRY  11. BIF  14. M  16. SOCIAL SECURITY NO.  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  (B) DUE TO, OR AS A CON  (C) DIABET  VHICH OPERATION  PLACE OF INJURY (e.g., in or obe, form, foctory, street, office bid  INJURY OCCURRED  INJURY OCCURRED  (C) Not White At Work  INJURY OCCURRED  (Me) (did) (did nat) view the deceased from  (Me) (did) (did nat) view the deceased from  DEGREE  Attending Phys.  23D. AE  DEGREE  ATTENDED  23D. AE  DEGREE  DEGREE  ATTENDED  ATTENDED  DEGREE  DEGREE	4. USUAL RESIDENCE (Where		stitution: residence	before admiss			
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A. STATE  B. COUNTY  Md.  C. CITY OR TOWN  D. INSIDE CITY LIMITE  YES NO  NO						
OLUTHERAN HOSPITA	_	E. STREET AND NUMBER			7:			
SEX 6. RACE 7. MARRIED N	EACK MAKKIED		ost birthdoyl	If Under 1 Yr. Months Days	If Under 24 Hours Mir			
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSIone during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF	WHAT COUN			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .					
unknown		unknow	- 4					
		17. INFORMANT		ADDR	ESS			
es,no of unknown) (If yes, give wor or dotes of service)	ECURITY NO.	Family						
1B. A. C.	CAUSE OF DEATH				DXIMATE INTERV			
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND E						
LEADING TO DEATH	(ANIMMEDIATE CALL	USECEREBRAL HEMORRAGE D			SYAC			
heoff loilura, ostheria, etc. It means the discose,								
injury or camplication which caused death.)	4-00	ADIAL ADITE	MASCIEDI	seid >	VEAD			
ANTECEDENT CAUSES	(B) CERIZ	A CONSEQUENCE OF	O O SCALE	-313	YEARS			
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.				У	EARS			
3/61/11	(C)							
O THE SEGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	- OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
21A. A CCIDENT WAS UNDERLYING   21B. PLAC   21B. PLAC	CE OF INJURY (e.g., ir m, foctory, street, of	in or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bidgs, INJURY OCCUR?						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU		21F. HOW DID INJU	JRY OCCUR?		1 = 1/			
(APPROX.) While At				1				
22. I certify that (I) (this haspital) attended the de	ceased from	1/3/	968 to 2	111	196			
that (1) (we) last saw the deceased alive an 2// 19 and that in (my) (aur) aplaian death accurred an the de								
	) (did) (did not) v		-					
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE								
+ Our	Physic	nding Med.	Staff Phys.	2/11	168			
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	rnys.	//				
NAME (Type) F QUERA'-		LUTHERA	IN HOSP	ITAL				
		MATORY 24D. LO	CATION (Cit	y, town, or count	y) (Stor			
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REC	TUDULH GISTRAR	25C. FUNERAL DIRECTOR Sullivan Fun	1101	011-13 AD	DRESS			
		134/11/49/40	ne-al 170m	e-11,46	1149101			



FUNERAL



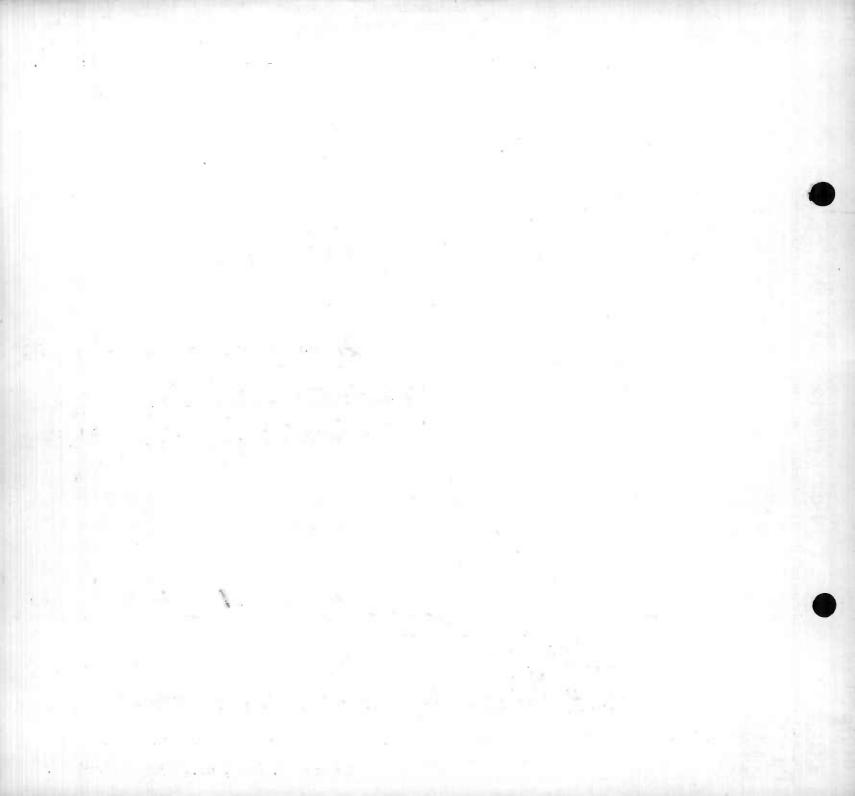


-		(10)	010	BALTIMORE CITY	HEALTH DEPARTMENT		60	040=		
RID	TH NO.	60.	- 212	CENTIFICA	TE OF DEATH	Registered Na.	00"	2125		
	E CASE NO.			CERTIFICA	TE OF DEATH					
1.1	NAME OF DECEAS	SED			2. DATE AND HOUR OF DEATH					
(Ту	pe or Print) Min	nie Perki	ns		2/19/68   1:45 P:,					
3.		IN BALTIMORE, MA			4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission					
					A. STATE B. COUNT	ſΥ				
	FULL NAME OF	(If not in hospital		give street	Maryland					
	HOSPITAL OR	oddress or lacotion	)		C. CITY OR TOWN (If outs	ide city limits, write	RURAL pad	ive (waship)		
	0.				Baltimore / O					
11	/419 Eas	t Preston	Stree	t	D. STREET ADDRESS (If rurol, give location)					
	Baltimo	re, Maryl	and .	21202	419 East Preston Street					
5.		RACE	7. MARRIED.	NEVER MARRIED	DATE OF SIDE!					
	Female Negro			W DIVORCED (specily)		ast birthdoy)	Manths D	ays Hours Min.		
1		40.00			1					
		ATION (Give kind of work king lite, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEI	N OF COUNTRY?		
	House Wi					. Va.		S. A.		
	FATHER'S NAME	2.0			14. MOTHER'S MAIDEN NAM		0.	D. A.		
				1						
	Unlibwn				Unknown					
15.	Was Deceased Ev	er in U. S. Armed Fore	es?	1 6. SOCIAL	17. UNFORMANT	И-1	A	DDRESS		
1.0	No	yes, give wor or dote	s at service/	SECURITY NO.	Miss Minnie Holman					
					419 E. Pres	ton Stree				
	1B.	0 1			F DEATH			TERVAL BETWEEN		
		OR CONDITION DIR	ECTLY	Нур	entencine Condia Vec-					
		ADING TO DEATH		(A) cul	lar Disease 2 yrs.					
		mean the mode of henia, etc. It means		DUE TO	**************************************					
		colian which caused								
	AN	TECEDENT CAUSES		(B) Art	eriosclerosis	••••••••••••••				
				DUE TO						
		CONDITIONS, if		Sen Sen	ility					
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.									
	443X	11								
Z	OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING	3						
TION	TO THE DEA	TH BUT NOT RELA	TED TO TH				Charles and			
V V	DISEASE OR CONDITION CAUSING II.			WHICH OPERATION	20A. AUTOPSY? (Yes or No)	FINDINGS	ONSIDERED			
ERTIFIC		WAS PERI		WINCH OF CRATION	No	USES OF DEATH?				
ER	214 45515515	MAR HAIR PRI WATER	1000	Di Lor Or Inchiant						
O	OR CONTRIBUTION	WAS UNDERLYING TO CAUSE OF	hom	e, form, foctory, street, c	iffice bldg., INJURY OCCUR?	(II in Boltimo	re City, give	exact locohon)		
CAL		edical examiner)	etc.)							
5	21 D. TIME IN	Nonth) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
ME	(APPROX.)			ile At Not Whi	le 📉	06 21				
	(APPROX)		Wo							
	22. I certify the	at (I) (t <del>his haspit</del> al	) attended tl	ne deceased from JU	ne 15, 1	962 10 Feb	rusry	1968		
				February 14						
						(,, ( <del></del> , ap	on death	occomed an ine dan		
	41	. / //	ed abave.	) (We) (did not)	view the body after death.					
	23A. SIGNATURE	X/ //	mali	1 11 1	- T		238. DATE			
	1 //X/A	1/1 / V	NOII	M.D. Att	ending Med.	Stoll Phys.	2/2	21/68		
	23C. PHYSICIAN'S	7			23 D. ADDRESS					
	NAME (Type	1/								
		L. Jackso		M.D.		ton Ave.	City 2	21217		
24.	A. BURIAL CREMA	TION, 248, DATE		AME OF CEMETERY OF CR			City, town, or	county) (Slote)		
1	The second	2 2-07-	-608 M	X (contra	11/2 1.	17 /0		md		
25	A. DATE REC'D BY	HEALTH DEPT.	25B NAME	OF REGISTRAR	25C FONERAL DIRECTOR	a. co.		ADDRESS		
123	C. DATE REC D BI	TRACTIT DEFE	A A	0 T. 0	THE DIRECTOR	2 /	- m -	A + 0		
		B 23 1968	(12. O. I	TE JONEUM	(ayner)	endere a	2176.1	redown on		

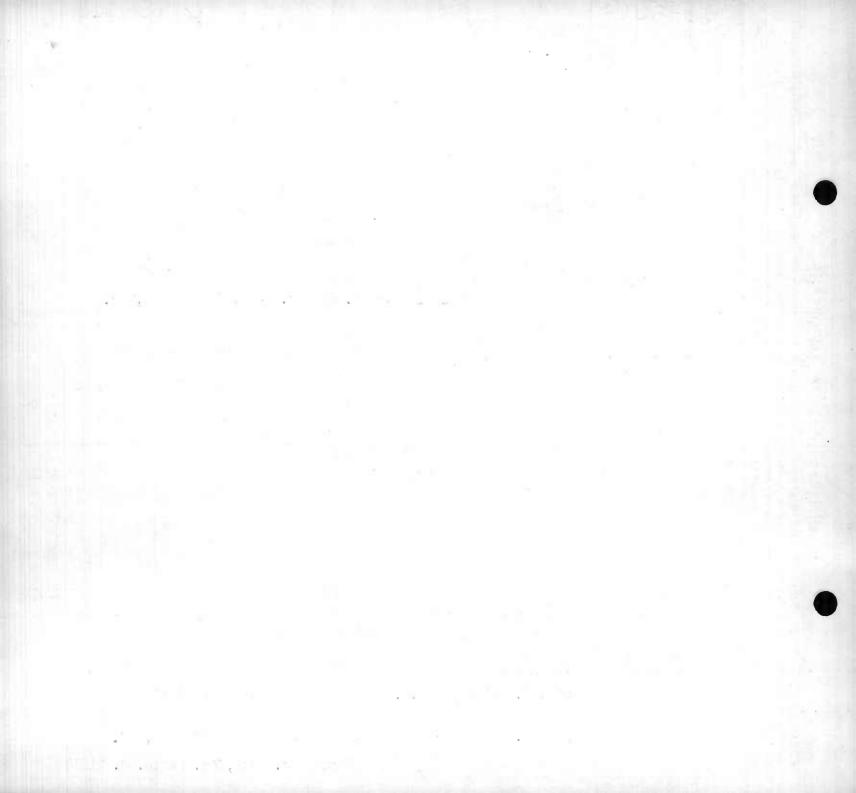
R.O. B.E.



< "	1		BALTIMORE CITY	HEALTH DEPARTMENT		68-2126		
5-36	68.	- 212	6 CERTIFICA	TE OF DEATH	REG. NO	00 1011190		
1. NAME OF DE	Albert E	. St	rehlau		AND HOUR OF DEATH	7;30 p. N		
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If i	institution: residence belore admission)		
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore		SIDE CITATION TO		
00 15	37 Northgate	Rd.		E. STREET AND NUMBER				
S. SEX	6. RACE	7. MARRIED	Y NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II Under 24 Hrs.		
Male	Caucasian	WIDOWED		12/31/1902	lost birthdoy)	Months Doys Hours Min.		
	CUPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY		
	of working life, even if retired) Accountant			Maryland		USA		
Freder's N.	ick Strehlau	1		Nellie Saune				
S. Was Decense	ed Ever in U. S. Armed Fo	rces?	16. SOCIAL	17. INFORMANT		ADDRESS		
No No	vn) (If yes, give wor or date	es of service)	220090951	Mrs. Ethel	Strehlau-	Same		
rise to I UNDERLYIN 420, OTHER SIGN TO THE DE	OR CONDITIONS, if the above cause (A) NG CONDITION (as).  III IIII CANT CONDITIONS CONDITION SURPLIATED TO ACT ON THE CONDITION OF IT ON THE CANDITION OF IT OF I	any, giving stating the ONTRIBUTING THE TERMINAL	DUE TO, OR AS	relate to the renchities of the	imphyses	na 20gra		
	OF OPERATION 198. COM		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRI	ENT WAS UNDERLYING [ BUTING CAUSE OF ify medical examiner)	21E hon etc.	ne, form, foctory, street, o	in or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) office bldg., INJURY OCCUR?				
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		LINJURY OCCURRED  hile At Not While At Work		NJURY OCCUR?	A 21		
that (I) (	TORE HOOVER	ed alive an	1-24  1) (Md) (did) (did) ,  M. Dogree Ath	ending Med. Director D		2-31 - 1968  pinion death accurred on the dat  238, DATE SIGNED  2-23-68  Proto 442 212 16		
24A. BURIAL CI					LOCATION (	City, lown, or county) (Stole)		
Buria 25A. DATE REC FEB	1 2/24/6 23 1968 (7.0)		rkwood Cem.	2SC. FUNERAL DIRECT	44.	ADDRESS		
VS 150-REV. 1/	7600	HELD C.	7.0004	Leonard J.	nuck, inc., 5	305 Harford Rd.		

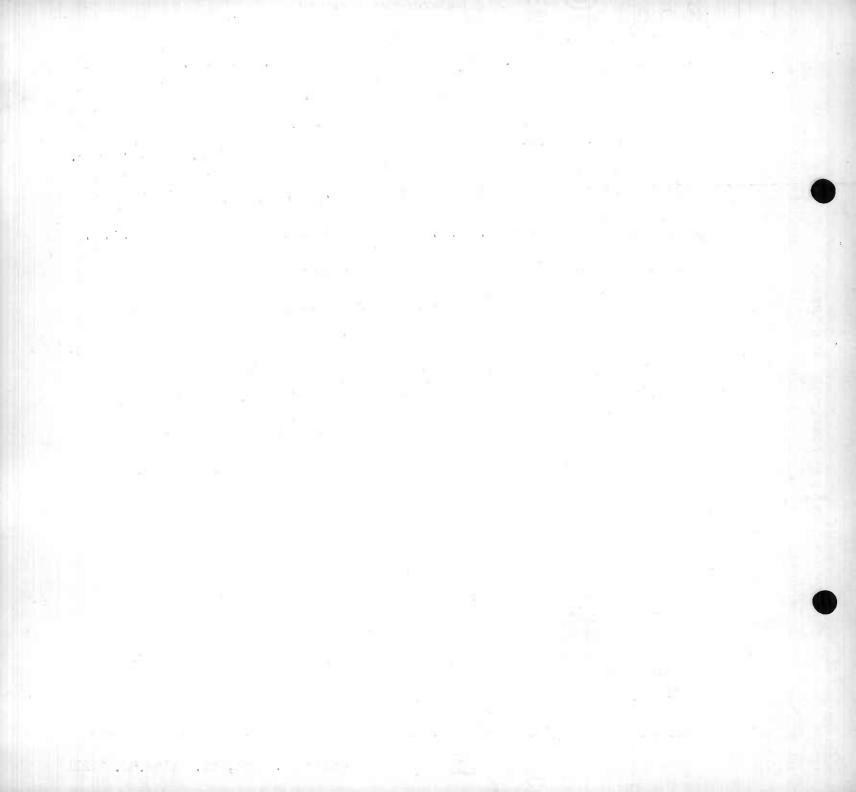


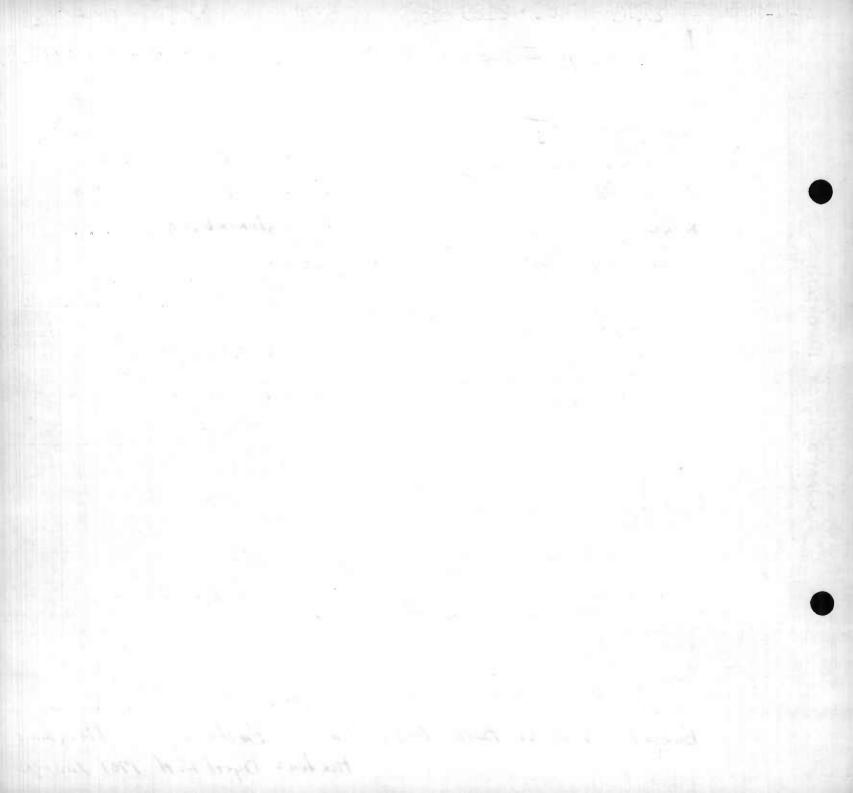
VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

0 200	BALTIMORE CI	TY HEALTH DEPARTMENT	68- 2128			
68 BIRTH NO.	- 2128 CERTIFIC	ATE OF DEATH REG. NO.	00 2200			
NAME OF DECEASED Type or Print) ROBERS	r V. BOOTH	2. Date and hour of deal Feb. 22, 1968.	TH 15 3 1 A A			
3. PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	A. STATE  B. COUNTY	finstitution: residence before admit sion			
HOSPITAL OR ADDRESS OR LOC.	TAL OR INSTITUTION, GIVE STREET ATION)	Md.	2730			
NSTITUTION		Baltimore	VES NO NO			
90 Long Green Nu	ursing Home	E. STREET AND NUMBER  1307 E. Belvedere Ave.				
SEX 6. RACE	17					
Male White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	Nov. 26,1891 76	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
Engineer	Penna. R.R.	Manuland	115 A			
3. FATHER'S NAME	7 67 600 7 187 18	14. MOTHER'S MAIDEN NAME	10000/10			
Robert Booth		Hendericka Vanderma				
5. Was Deceased Ever in U. S. Armed Fo Yes, no or unknown) (If yes, give war or date	rces? es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
No		Mrs Murtle Booth	Same			
18. // 2 / G	CAUSE OF DEA	ATH O	APPROXIMATE INTERVAL			
DISEASES OR CONDITIONS, if rise Ia lhe above cause (A) UNDERLYING CONDITION lost.  331 II OTHER SIGNIFICANT CONDITIONS COLOTHER SIGNIFICANT CONDITIONS COLOTHER SIGNIFICANT CONDITIONS COLOTHER SIGNIFICANT CONDITION GIVEN IN PAIR DISEASE OR CONDITION GIVEN IN PAIR CONDITI	any, giving slating lhe (C)	AS A CONSEQUÊNCE OF:  AND LOS	2 yrs D. 3 yrs Och			
19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 8. PLACE OF INJURY (e.g home, form, factory, street, etc.)	o, in or about 21C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exoct location)			
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED  While At Not Work  Not Work					
22. I certify that (I) (this haspito that (I) (we) last sow the decease and hour and from the couses sto 23A. SIGNATURE  23G. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE REMOYAL (Specify)  2/24/0	ed olive on 2/2  red obove. (I) (We) (did) (did not  DEGREE P  24C. NAME of CEMETERY or of		238. DATE SIGNED  2/22/63  Ped Belth Ad  (City, town, or county) (Stote)			
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
EFR 23 1069 A 0	BE Farkens	Leonard J. Ruck, Inc. Ba	1to.Md. 21214			
'S 150-REV, 1/1/6B	The Company of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				



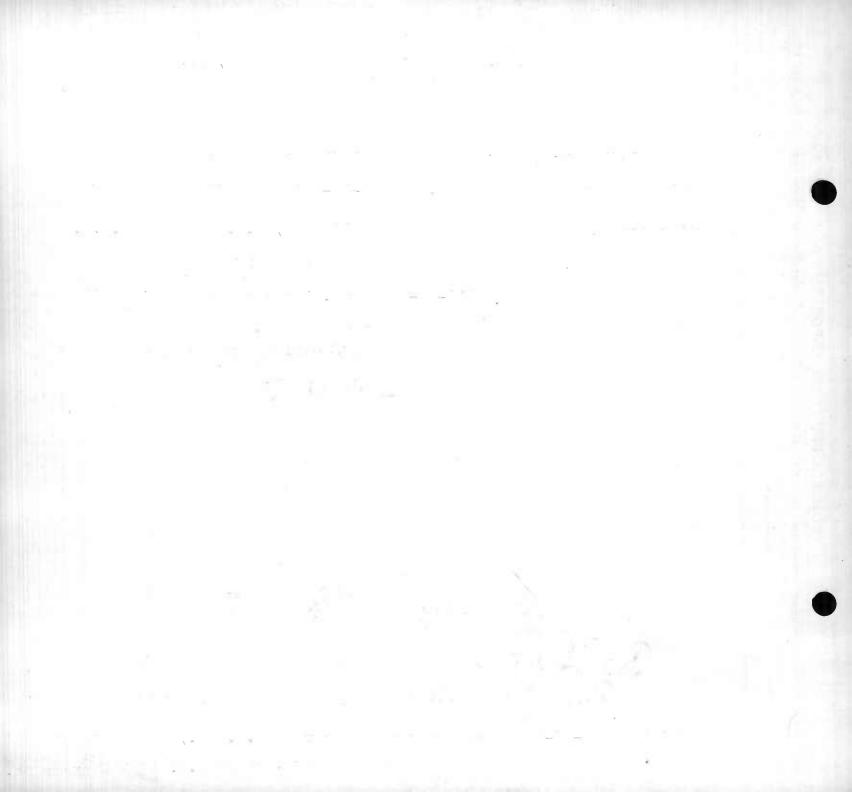




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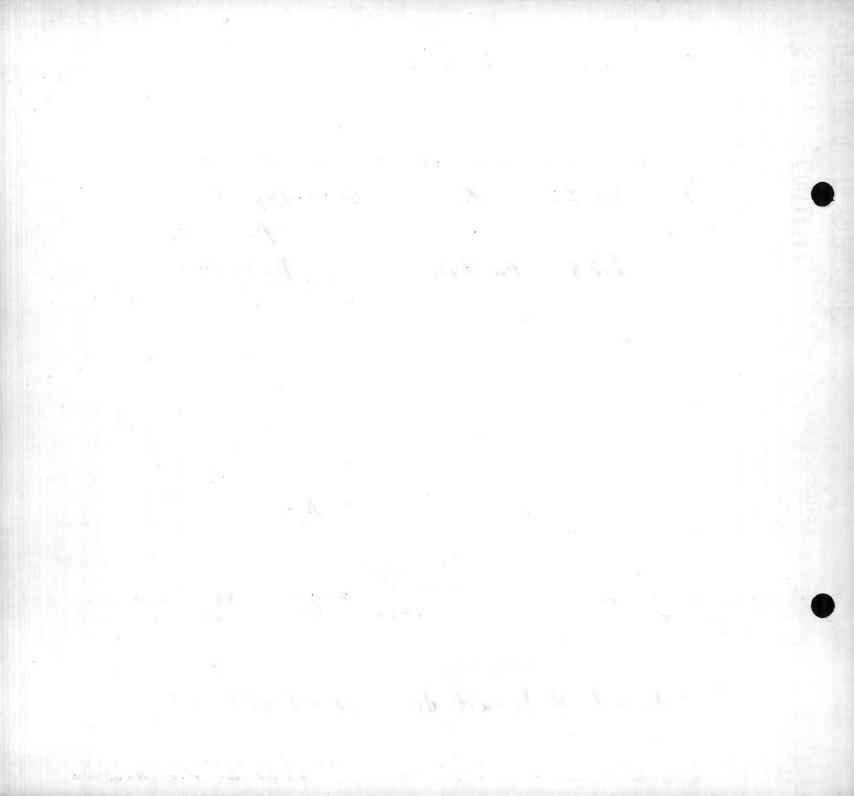
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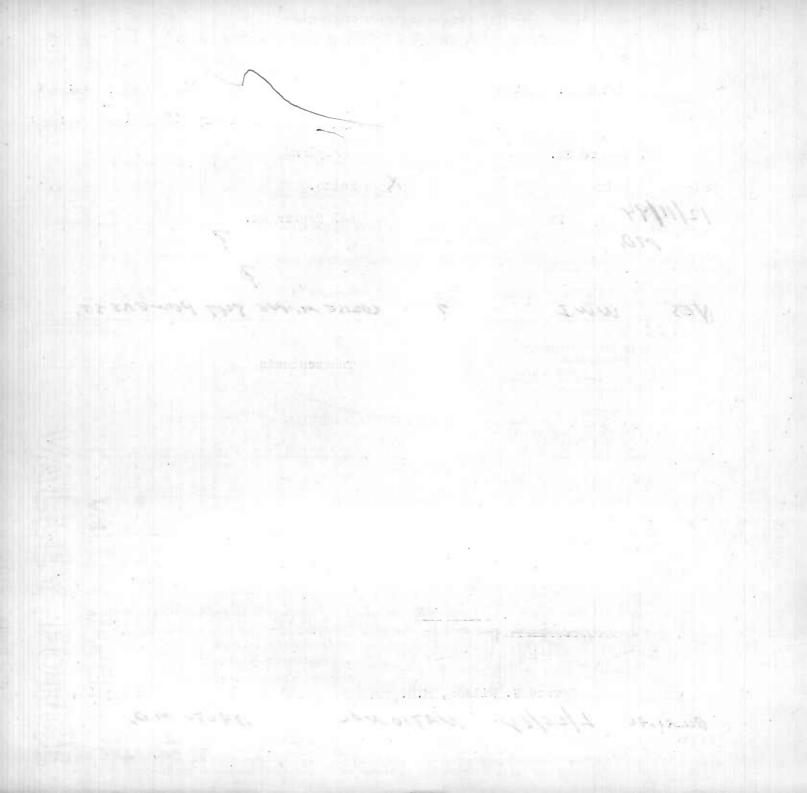


IMPORTANT

FUNERAL DIRECTOR:



	4- (3) 68- 2134 BALTIMORE CITY HE	ALTH DEPARTMENT
1	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68- 2134
BIR	TH NO.	REG. NO.
1. I	NAME OF DECEASED  pe or Print)	2. DATE Knawn X Manth Day Year Hour
	NOAH E. HOWARD	DEATH Estimoted 2 22 68 11:00 am.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD February 22 1968 11:00 a
	NOITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
(	9/47 Derrows Ct	A. STATE  Maryland  B. COUNTY
6. 5	847 Powers St.  7. RACE  8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Ma	DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	Balto, YESK NO
	In /11/02 last birthday) Months, Doys, Hours, Min.	E. STREET AND ITOMBER
_/	73	847 Powers St.
11.	BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
	1.101	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
14A don	.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY eduring most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
4	s, no ar unknawn) (If yes, give war ar doles of service)  SECURITY NO.	LOWISE M. POE 847 POWERS ST.
	19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
	011.1	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(A)IMMEDIATE C	CAUSE Tuberculosis AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF.
	milety of completelist which cooled downly	
	ANTECEDENT CAUSES (B)	pp (my pp (my pp (my my m
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
7	UNDERLYING CONDITION LAST. (C)	
Ó		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
은	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
S		
7	22A EXTERNAL CAUSE WAS 228 PLACE OF INTERVIEW	No
EDIC/		in or about 22C. WHERE DID (If In Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
	UTING CAUSE OF DEATH.	
Σ	22D. TIME (Month) (Day) (Year) (Haur) 22E. INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
	(APPROX.) WHILE AT NOT NOT AT W	WHILE O
	23.	
	I certify that I held on Inquiry I Inspection X Au	topsy ond that on this basis, death In my opinion
	resulted fram: Notural causes 🛛 🖟 Accident 🗌 Suicid	de Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL DIA ALT MARKET	ASSISTANT MEDICAL EXAMINER X
	SIGNATURE M.D	
	Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER L
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
RE	MOVAL (Specify)	
6		
25	A. DATE REC'D BY HEALTH DEPT. 8 268. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	LED %0 1300 APPEND 5.	Marl E. Chanowell 3617 Charles Au
-		76//0



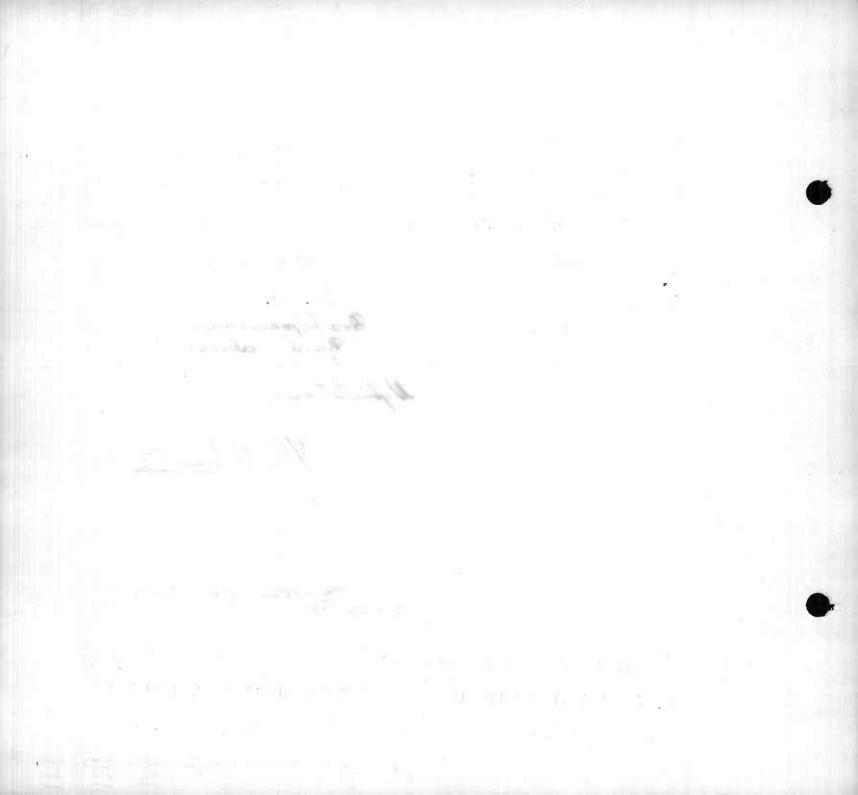
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DIRECTOR:

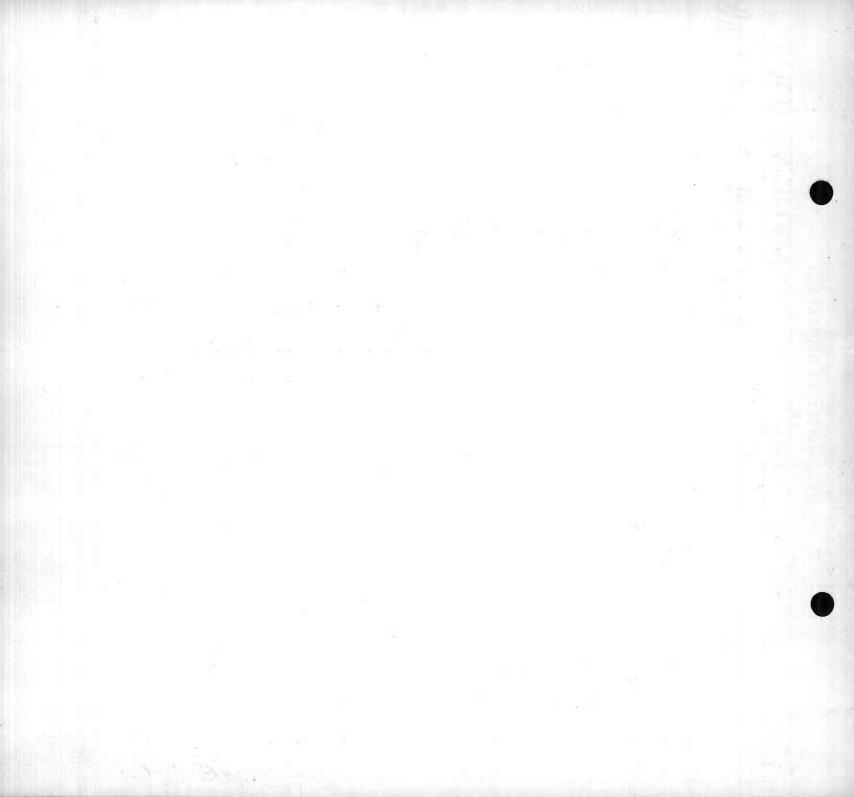
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BALTIMORE CITY HEALTH DEPARTMENT



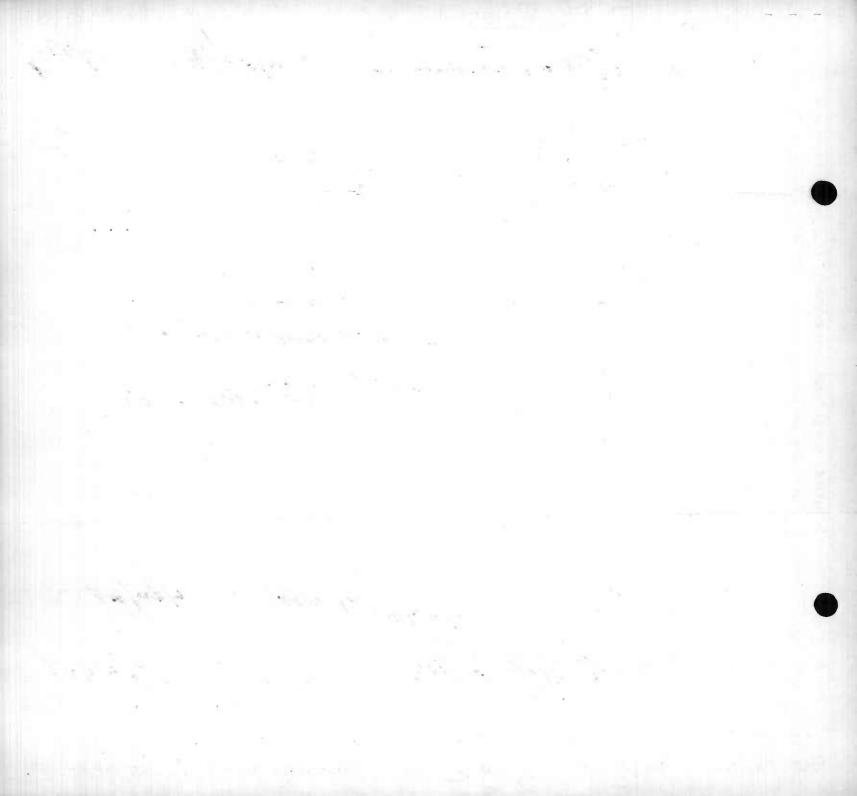
BALTIMORE CITY HEALTH DEPARTMENT



MEDICAL EXAMINER'S CERTIFICATE OF DEATH  BEEN NO  NAMES SCHORTSTAND  A. PLACE IN BAILHMORE MARTLAND, WHERE PRONOUNCED DEAD  CONTROL OF STANDON  JOHNS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HISTORY  JOHNS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HISTORY  JOHNS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HISTORY  JOHNS HOPKINS HOP	05- 213	7. BALTIMORE CITY HE	ALTH DEPARTMENT		
NAME OF DECEASED   JAMES KENGKYKKND   DATE   SCHOOL   DATE   DA	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	. 68- 2137
Carry   Company   Compan				REG. N	10
A PLACE IN BALIMORE, MARPHAD, WHERE PRONOUNCED DEAD FOR MONTH AND STATE OF THE MARKED   DOWN AND WHERE PRONOUNCED DEAD FOR SO RISTILLION, GIVE STREET HORSING. (B. PADTIN HOSPITAL OR INSTITUTION, GIVE STREET HORSING.)	1. NAME OF DECEASED Schofie	ble		Month Doy	Yeor Hour
## PALE IN BAUMORE, MARYLAND, WHERE PRONOUNCED DEAD ## PORT NOSHILAD ## PO				□ February 20	0, 1968
FRONOUNCED DEAD   February 20, 1968   5:50 P.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD			
Subject   Subj			PRONOUNCED DEA	D	
Johns Hopkins Hospital (DOA)  A. STATE Maryland  B. COUNTY Maryland  D. INSIDE CITY UMINS?  Maryland  B. COUNTY Maryland  D. INSIDE CITY UMINS?  P. DARE OF BRITH  D. INSIDE CITY UMINS?  P. DARE OF BRITH  D. INSIDE CITY UMINS?  D. INSIDE CITY UMINS?  D. DARE OF BRITH  D. INSIDE CITY UMINS?  C. CITY ON TO UMBER!  D. INSIDE CITY UMINS?  C. CITY ON TO UMBER!  D. INSIDE CITY UMINS?  C. CITY ON TO UMBER!  D. INSIDE CITY UMINS?  D. INSIDE CITY UMINS?  C. CITY ON TO UMBER!  D. INSIDE CITY UMINS?  C. CITY ON TO UMBER!  D. INSIDE CITY UMINS?  C. CITY ON TO UMINS EX CONSTITUTION TO UMINS.  D. INSIDE CITY UMINS?  C. CITY ON TO UMINS.  D. INSIDE CITY UMINS?  C. CITY ON TO UMINS.  D. INSIDE CITY UMINS.  C. CITY ON TO UMINS.  D. INSIDE CITY UMINS.  C. CITY ON TO UMINS.  D. INSIDE CITY UMINS.  C. CITY ON TO UMIN	HOSPITAL ADDRESS OR LOCATION)		C HIGHAN DECIDENCE		
SEX   PACE		(204)			
Male   White   Wide   W	Johns Hopkins Hospi	tal (DOA)			Dally a
Male White WIDOWED DIVORCED Baltimore VES NO DATE OF BIRTH 10. AGE (nysers price of the property of the price of the property of the price of the property of the price of the	6. SEX 7. RACE B. MARRII	D NEVER MARRIED	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
9. DATE OF SIRITH  2-7-1933  11. BIRTHPHACE(Stote or foreign country)  Gast on Ala.  12. CHIZEN OF WHAT COUNTRY  Gast on Ala.  13. FATHER'S NAME  George Schoffeld  George Sch			Paltim	070	VES V NO
11. BIRTHHACE (Stote or loreign country   35   Months   100   12. CILIZEN OF WHAT COUNTRY   13. FATHER'S NAME   George Schofield   14. LIND of BUSINESS OR INDUSTRY   15. MOTHER'S NAME   George Schofield   14. LIND of BUSINESS OR INDUSTRY   15. MOTHER'S NAME   MILE OF MALE OF	TIGIC				TESTA NOL
II. BURTHPLACE (Stote or foreign country)   12 CHITZEN OF WHAT COUNTRY)   13. FATHER'S NAME   GOTGE SCHOFF   14. STOTE   14.	lost birthday)	Manths   Days   Haurs   Min.			50.00
Gaston Ala.	72			harlesmont Road	1 99
Gaston Ala.   George Schoffeld   George Scholler   Gaston   George Scholler   Gaston   Gast	11. BIRTHPLACE (Stote or foreign country)				
Address of Condition   Security					
Bethlehem Steel Co   Nellie Holloway	14A.USUAL OCCUPATION (Give kind of work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME	
17. SOCIAL   18. INFORMANT   Shirley Schofield 7800 Charlesmont Road   17. Social   18. INFORMANT   Shirley Schofield 7800 Charlesmont Road   19.	Bethle	ehem Steel Co	Nellie Hol	loway	
SECURITY NO.   Shirley Schofield 7800 Charlesmont Road					ADDRESS
CAUSE OF DEATH   APPOXIMATE INTERVAL	(Yes, na or unknown) (If yes, give war or dates af service)	SECURITY NO.		C1-11 7000 Ob	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follow, solthenic, acts, in each the disease, injury or complication which coused death.)  ATECTOR OF AS A CONSEQUENCE OF:  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE AUTOMOTION LAST.  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT PRELATED TO THE EMMINAL DIRECTOR OF CONDITION CONTRIBUTING TO THE DEATH BUT NOT PRELATED TO THE EMMINAL DIRECTOR OF CONDITION CONTRIBUTING TO THE DEATH BUT NOT PRELATED TO THE DEATH BUT NOT PREMATED TO THE DEATH BUT NOT PRELATED TO THE DEATH BUT NOT PREMATED TO THE DEATH				lolleld /800 Cn	
California   Cal	19.4/2/1	CAUSE OF DEA	TH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No) Yes  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bidg., etc.) INJURY OCCUR?  UTING CAUSE OF DEATH.  22C. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  31. Certify that I held on Inquiry Inspection Autopsy On that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FEBRUARY 21, 1968  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) Burial 2-23-68 Oak Lawn Cemetery Baltimore, Maryland 25A DATE REC'D By HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:		
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact locotion) home, form, foctory, street, affice bidg., etc.)   INJURY OCCUR?   INJURY OCCUR?   22F. HOW DID INJURY OC		(c)			
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact lacotion) home, form, foctory, street, affice bidg., etc.)   INJURY OCCUR?   INJURY OCCUR?   22F. HOW DID INJURY OC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact locotion) home, form, foctory, street, affice bidg., etc.)   INJURY OCCUR?   INJURY OCCUR?   22F. HOW DID INJURY OC	20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes ar Na)
222A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNING CONTRIB. UNING CAUSE OF DEATH.   222D. TIME (Manth) (Day) (Yeor) (Haur)   222E.INJURY OCCURRED OF INJURY (APPROX.)   225E.INJURY OCCURRED   227E. HOW DID INJURY OCCUR?   228E. HOW DID INJURY OCCUR?   228E. HOW DID INJURY OCCUR?   229E. HOW DID INJURY	00				Yes
22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.)    Continued the properties of the propert	V22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	2B. PLACE OF INJURY (e.g., ome, farm, foctory, street, affic	in or obout 22C. WHERE e bldg., etc.)	DID (If in Boltimore City, give CUR?	
I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Homicide Undetermined monner Actual SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER February 21, 1968  24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2-23-68 Oak Lawn Cemetery Baltimore, Maryland  25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	22D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX)	WHILE AT NOT	WHILE	ID INJURY OCCUR?	
resulted fram: Natural causes X Accident Suicide Homicide Undetermined monner  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER February 21, 1968  EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2-23-68 Oak Lawn Cemetery Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	23.				
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE  EXAMINER'S NAME (Type)  Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER February 21, 1968  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24C. NAME of CEMETERY or CREMATORY  Burial  CHIEF MEDICAL EXAMINER  February 21, 1968  Constant Medical Examiner  February 21, 1968  Con	I certify that I held on Inquiry	Inspection Au	topsy X and that	on this basis, deoth in a	my opinion
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER February 21, 1968  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ASSISTANT MEDICAL EXAMINER February 21, 1968  February 21, 1968  24D. LOCATION (City, town, or county) (Stote)  Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	resulted fram: Natural causes X	Accident Suicio	de Homicide	Undetermined monne	
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  2-23-68  Oak Lawn Cemetery  Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  AND APPLICATION (City, town, or county)  (Stote)  24D. LOCATION (City, town, or county)  Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		JA M.D	ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) Burial  2-23-68  Oak Lawn Cemetery  Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  AND ADDRESS	Unaries 5. 501	ringate, M.D.	ASSOCIATE MED	CALEXAMINER   Fel	bruary 21, 1968
Burial 2-23-68 Oak Lawn Cemetery Baltimore, Maryland  25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  EED 26 1000 A 2000 A 200	REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY		
FED 96 4000 A a A Se a Living Debraceld TOOS Dundelle Avenue		Oak Lawn Cer	netery	Baltimore, Mar	yland
FEB 26 1968 P. S. F. S. Jacketta Walter Dabrowski 1005 Dundalk Avenue	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL D	IRECTOR	ADDRESS
	FEB 26 1968 (P.O.	B. S. Fr. Owns	Walter Da	abrowski I005 D	Oundalk Avenue

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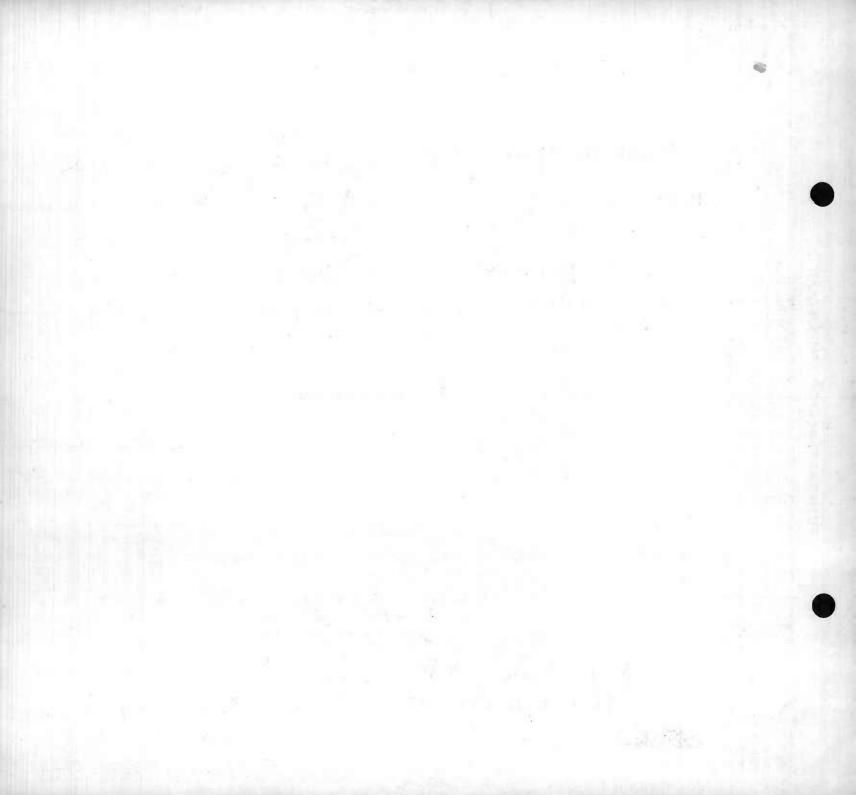
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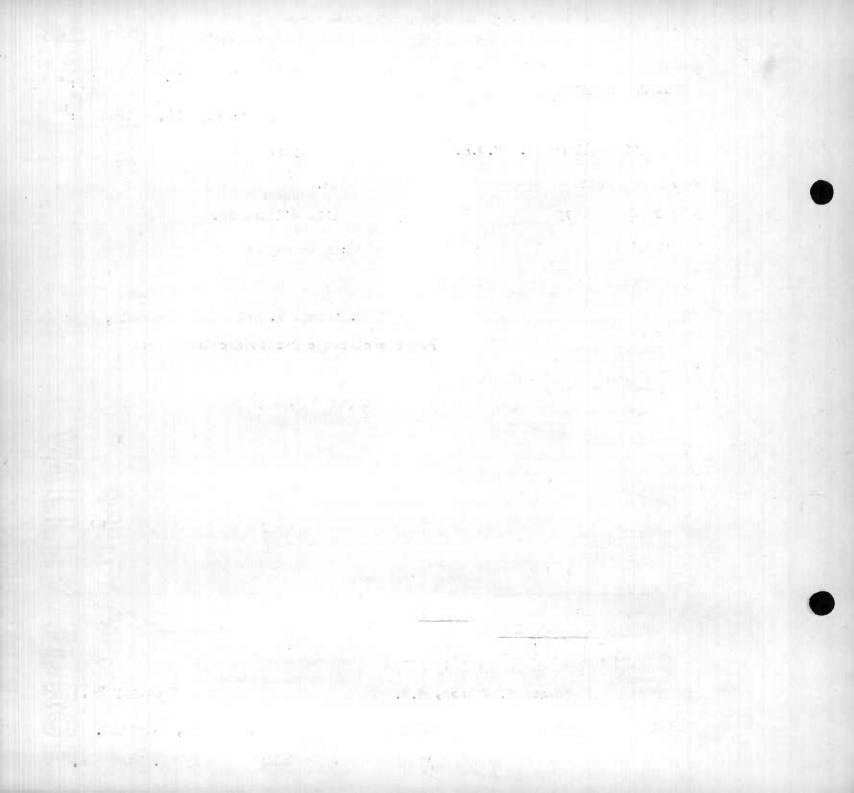
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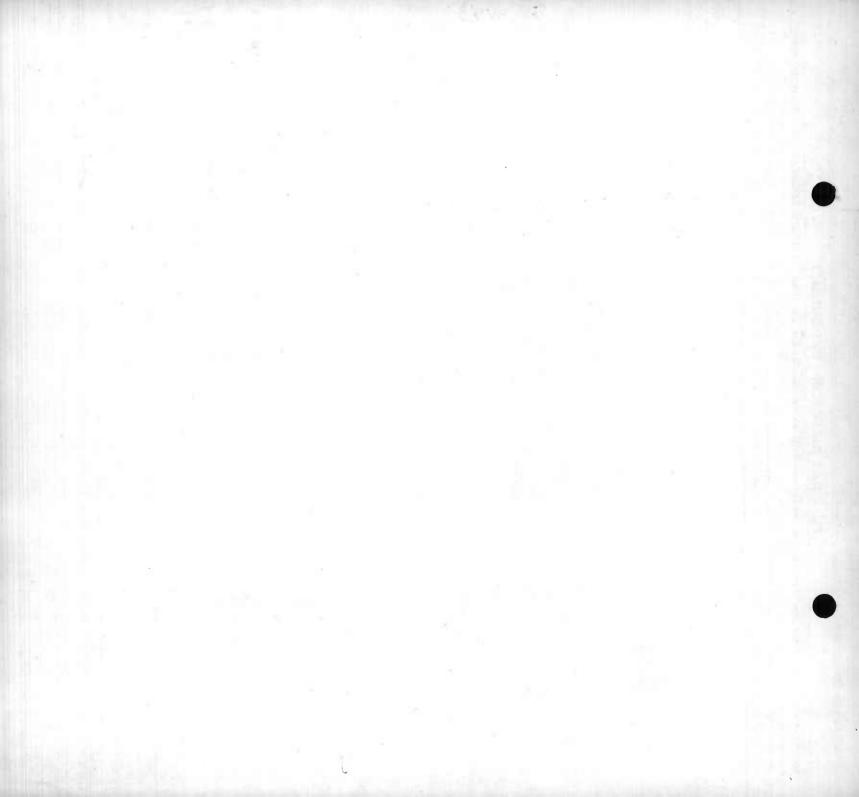
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83- 2142 BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY	HEALTH DEPARTMENT	1:0	0440
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	00-	2142

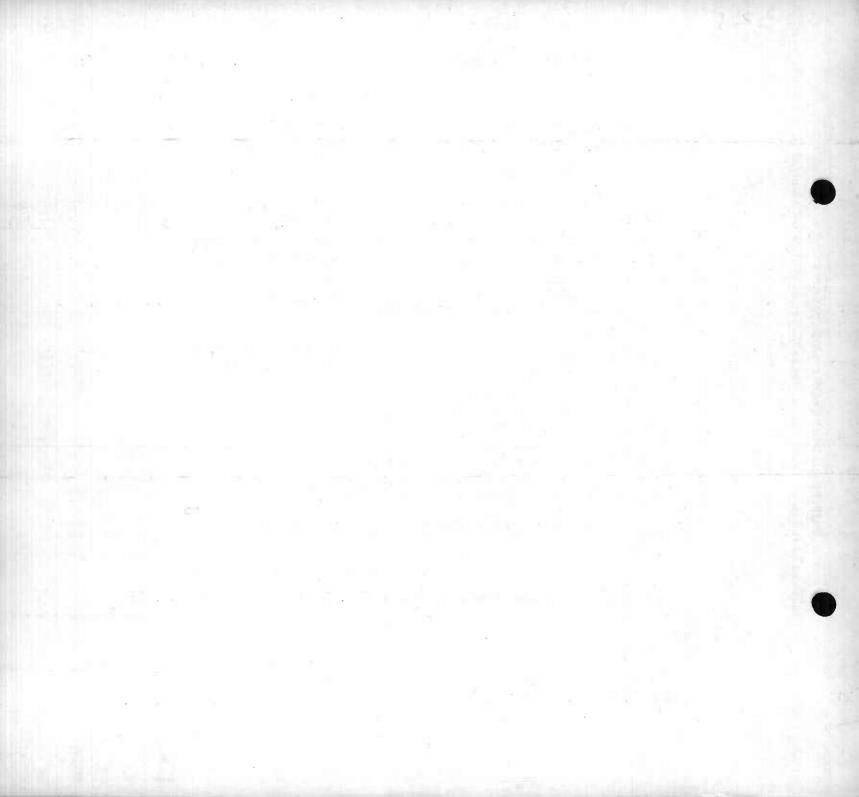
BIR	TH NO.						***		KEO. 140			
	NAME OF DEC	EASED				2. DATE	Known 🗋	Manth	23	68 <sup>Year</sup>	Hour	
Type or Print) MELISSA SHAFFER			OF DEATH	Estimoted [	_	23	00	9:00	PM.			
MELISSA SHAFFER  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			3. DATE		Month	Day	Year	Hour	77.11			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)			PRONOI	JNCED DEAD	February	23,	1968	9:00	PM			
OR	INSTITUTION						ESIDENCE (Wh	ere deceased live		: residence b	efore odmiss	ian)
	001	224 Wi	lliam	St.	D.O.A.	A. STATE	Marylan		COUNTY	06	6-0=	2
5. 5		7. RACE			ED NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY DIMITS?	-	
	Female	Whi		WIDOW	ED DIVORCED	Balto			YE	es 🔀 ı	10 🗆	
9. [	ATE OF BIRTH	1	last birthdo		If Under 1 Yr. If Under 24 Hrs. Months   Doys   Haurs   Min.	E. STREET	ND NUMBER					
	3 17 189		75			13. FATHER	224 Will	iam St.				
11.	BIRTHPLACE (S	tate ar tareig	in country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	5 NAME					
	Virg	inia			USA	Unkr	own Hugh	nes				
				14B. KIND	OF BUSINESS OR INDUSTR							
une	during most of w		en arentea)		At Home	IInle	own Unk	0.0000				
16.	WAS DECEASE		U.S. ARMEI	FORCES		18. INFOR		TOWN	Al	DDRESS		
	, no or unknown)											
	No						omas A.	Hall	Semi	nole	Froric	130
	19.4/2	.91			CAUSE OF DEA					BETW	EEN ONSET AN	
	DISEASI	E OR COND	ITION DIRE	CTLY	Arteri	osclero	tic Card	iovascula	ar Dise	ase		
		LEADING TO			(A)IMMEDIATE	CALISE						
	(This daes no	at mean the	made of d	ing, e.g.,		AS A CONSEC	UENCE OF:					
		asthenia, etc plication whi										
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		R CONDITI			DUE TO, OR	AS A CONSE	QUENCE OF:					
_	UNDERLYIN	IG CONDIT	ION LAST.	IIII OIIIE	(c)							
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ERTIFICATION	42211	IFICANT COI	II ADITIONS C	ONTRIBLIT	ING							
Q.	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM								
E		CONDITION			FOR WALLEY ORER ATION W	AC DEDECTA				Tal AUTO	PSY? (Yes o	r Na)
CER	ZUA. DATE OF	OPERATIO	1 208. CO	NUIIION	FOR WHICH OPERATION W	AS PERFORM	IED			ZI. AUIO	P517 (168 0)	140)
	0									n	10	
CAL		NAL CAUSE			22B. PLACE OF INJURY (e.g.				City, give exc	act locotion)		-71
EDIC	UNDERLYING UTING CA				hame, form, factory, street, offi	ce blag., etc.) I	NJURY OCCUR	i f				
ME	22D. TIME (		Ooy) (Yea	r) (Hour	) 22E.INJURY OCCURRED	- :	2F. HOW DID	INJURY OCCU	R?			
	OF INJURY	, ,	, , , , , ,	, (		T WHILE						
	(APPROX.)					WORK						
	23.				n							
	I certi	ify that I h	eld on	nquiry L	InspectionXX A	ıtap sy 🔲	and that or	n this basis, c	leath in my	apinian		
	result	ed from: N	atural cau	ses	Accident Suici	de H	omicide	Undetermin	ed manner			
				771	- 11 11		CHIEF MEDICA	L EXAMINER				
	ACTUAL		1.1	AX	1115-	ASS	STANT MEDICA	I FXAMINER	x		DATE SIGN	1ED
	SIGNATU		1000	V	M.	J.						
	EXAMINI NAME (T			, -	****	111111111	CIATE MEDICA	AL EXAMINER	Paka		/ 104	. 0
2.4	NAME (T		Edwa	ard F.	Wilson, M.D.	CDEMATA	DPV In	D. LOCATION		cuary 2		
	A. BURIAL CREA MOVAL (Specif		24B. DATE		24C. NAME OF CEMETERY	or CKEMAIC	24	D. LOCATION	(City, idwi	n, ar county)	(5101	0)
	Burial		228 6	8	Bethel			Alexandr	ia 174	rminia		
25	A. DATE REC'D	BY HEALTH			AME OF REGISTRAR	[25C	FUNERAL DIRE	CTOR	Tag VI	DDRESS		
201	. DAIL REG D	- Meatin		230. 14	OT REGISTRAN	200.						
	1	0.0.0	00 0	0 8	a Franka		Mc Cull	Ly	130 E.	Fort	ve.	
_	- CCA	9 6 19	5X (1)	1/ NEW 1	C , Schlare							

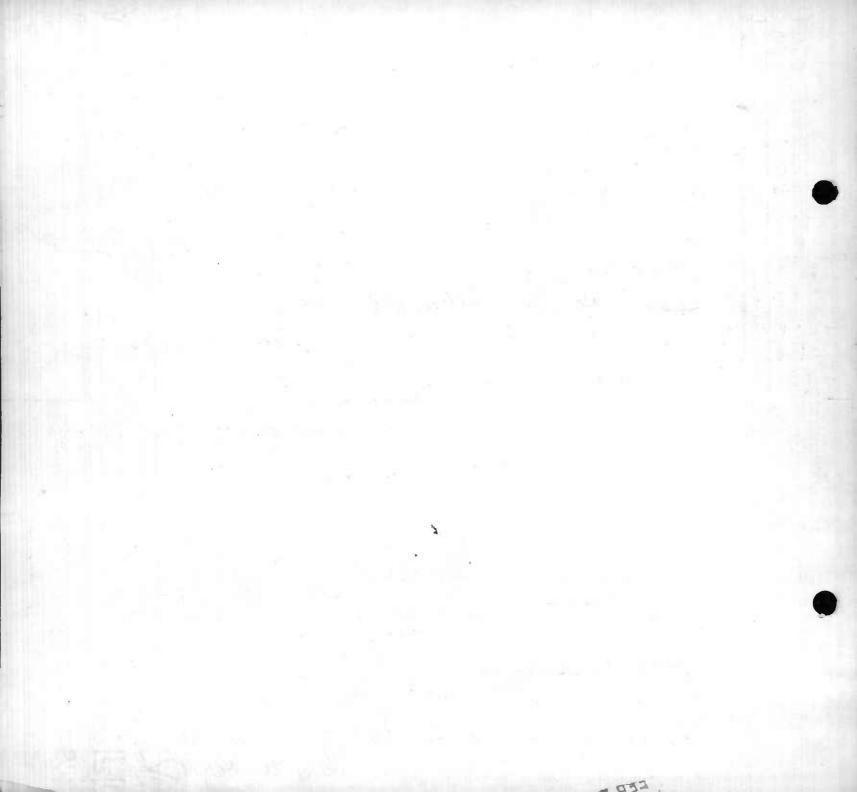


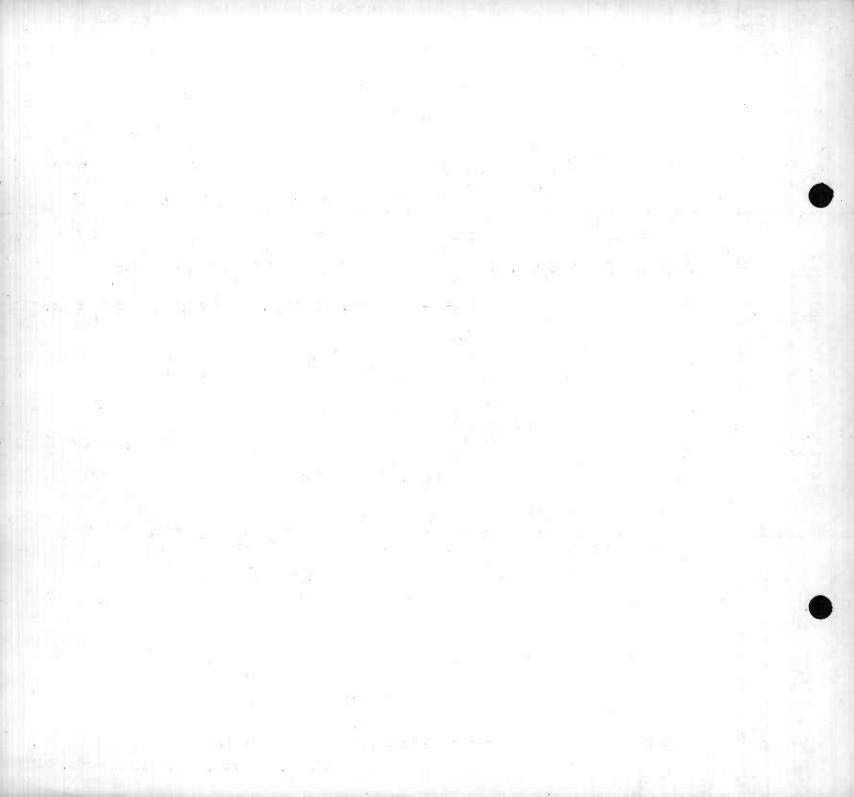


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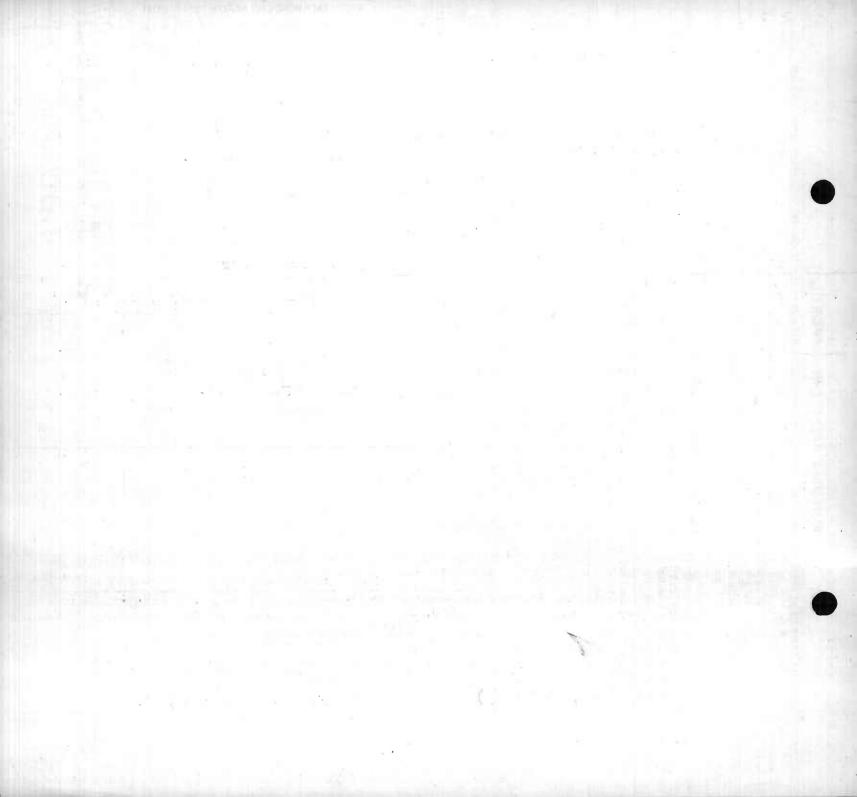






VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

12. CITIZEN OF WHAT COUNTRY U.S.A. ADDRESS ST. AGNES HOSPITAL RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact lacation) 19 68 to FEBRUARY 20 and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED & WILKENS ARE BALTO MD 21229 (City, town, or county) ADDRESS 25C. FUNERAL DIRECTOR G. Truman Schwab 3512 Frederick Ave. Balto.Md.

REG. NO.

NO X

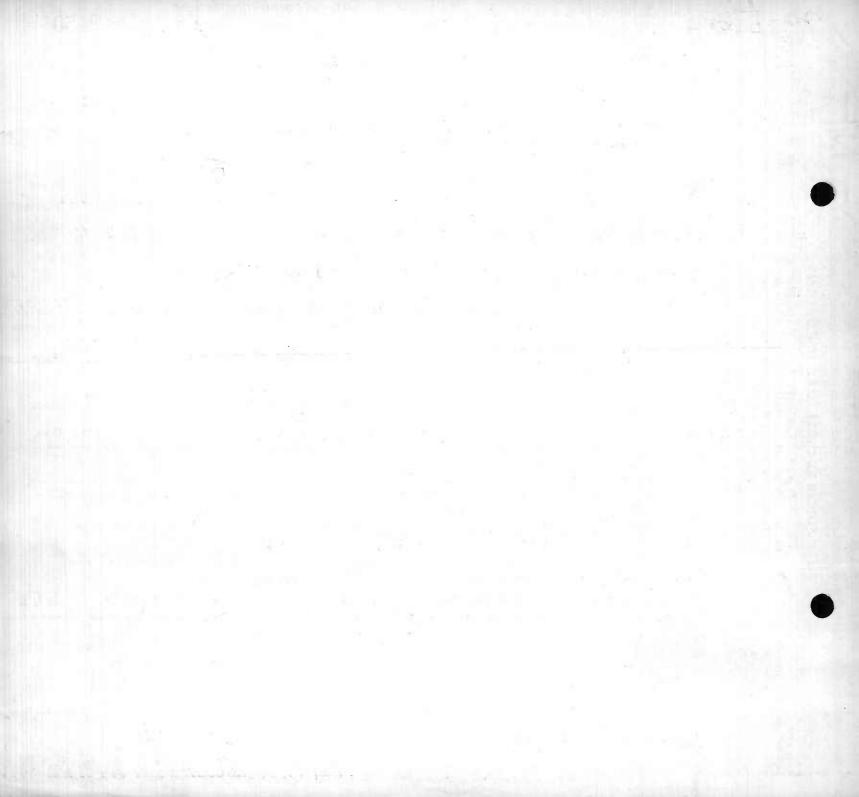
Hours

If Under 24 Hrs.

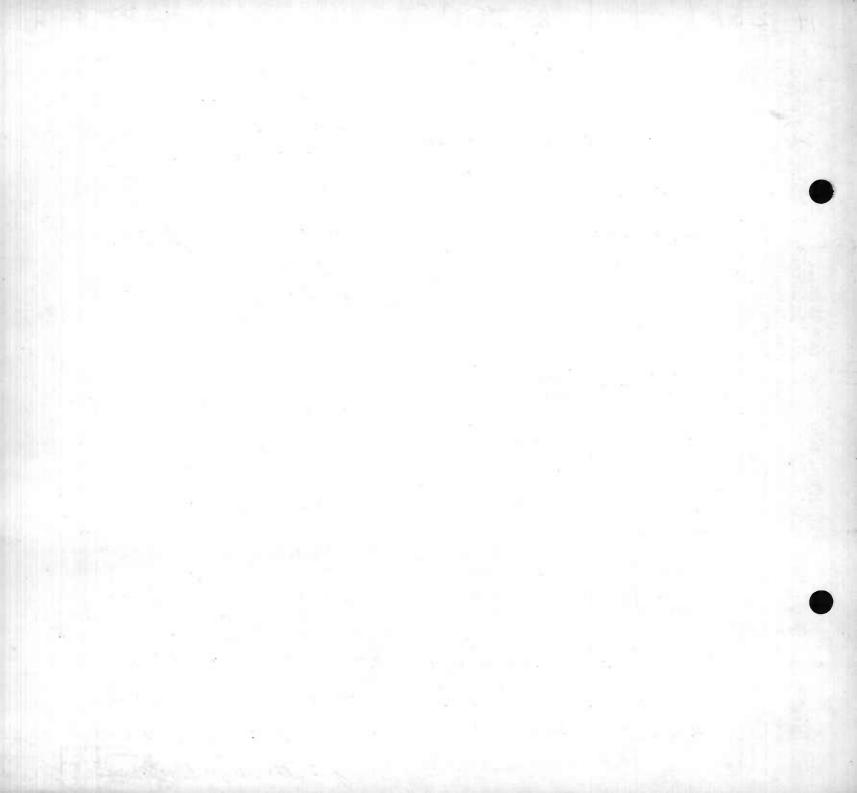
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THE SALE OF THE STATE OF THE STATE OF THE SALE OF THE

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIE	ORTH NO. 68- 2150 CERTIFICA	ATE OF DEATH REG NO. 68	2150
1.1	NAME OF DECEASED  Pipe of Print! Mirror ELizabeth	LIZZIE 2 120 CE	1:259
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution; A. STATE 8. COUNTY	residence before odmissio
HO	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY	3 3 - 00 LIMITS?
۰		LUTHERVEHE YES	- +/
3	SINAI HOSPITAL	E. STREET AND NUMBER	
		116 Tincoln ave.	
-	SEX 6. RACE 7. MARRIED NEVER MARRIED	lost birthdoy) Months	der 1 Yr. If Under 24 Hr s Doys Hours Min.
	WIDOWED DIVORCED	13/26/01 66	
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTING Most of working life, even if retired)	11. BIRTHPLA CE (Stote or foreign country)	TIZEN OF WHAT COUNT
K	Romestici Privato Jamilas	(/a. 0,	S. A.
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Beriamin Chapman	Mary Morris	
5.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
Te	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	& Lank Miner- 14 Lincolse	Litt.
_	18. 4. 4. 7. 9. CAUSE OF DEA	THE THE THE WAY THE SMESTIC	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEA
		Roman O Fig a sect	481
	(This does not meon the made of dying, e.g., DUE TO, OR A	AUSE Rencel Failure acuts 5 à CONSEQUENCE OF:	
	heart laiture, asthenia, etc. It means the disease, injury or camplication which caused death.)		
	ANTECEDENT CAUSES Puly	nopam Edone	4 de -
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	nonum Edone S A CONSEQUENCEJOF:	mys
	The state of the s	Pentonitis	48 has
	UNDERLYING CONDITION Iosi, (C) 1055	, 2M.1.0411111	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
		20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
CERTIFIC	WAS PERFORMED NA	IN CENTIFYING CAUSES OF	UEATH?
	OR CONTRIBUTING CAUSE OF	, in or about 21 C. WHERE DID (II in 80 timore City, g office bldg., INJURY OCCUR?	lve exoct lacotion)
CAL	DEATH (notify medical examiner) etc.)	An	
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	MA 21F. HOW DID INJURY OCCUR?	
S	(APPROX.) While At Not W		
		116 1948 to 118	0 19 68
	22. I certify that the (this haspital) ottended the deceased from		
	that M (we) lost saw the deceased alive an 120	19 ( our) opinion de	oth accurred on the d
	and hour and fram the couses stoted obave. (1) (We) (did) (did not)		
1	23A. SIGNATURE		ATE SIGNED
	DEGREE PI	nys. Director Phys.	20/68
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
24/	A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		, or county) (Slole
	REMOVAL (Specify)	Tio 10 12-05 141	
25	DAVE SECTOR BY HEALTH DEED NAME OF SECTIONS	lass superal processor.	ADDRESS
231	A. DATE REC'D 8Y HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2017MF Cull
	FEB 26 1968 ( C. 6 2 Fallyna	UNI. C. sorraman p-1	to the mod
S	150-REV. 1/1/68		



68- 21	L51 CERTIFICA	HEALTH DEPARTMENT	REG. NO. 68- 2151
	CERTIFICA	IE OF DEATH	
1. NAME OF DECEASED (Type or Print)			ID HOUR OF DEATH
HOOK, Loven:	ia	9 13	7AM 2-21-168 N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	DUNCED DEAD		re deceased lived. If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE OF ADDRESS OR LOCATION)	TUTION, GIVE STREET	MXXXXX Mary	1 0 4
INSTITUTION		Westminster	
7 The Johns Hopkins Ho	nsnital	E. STREET AND NUMBER	163 140
-	Jopical	South Colon	
6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Days Hours Min.
Female White WIDOWED	DIVORCED	8/17/19	48
OA. USUAL OCCUPATION (Give kind of work 108. KIND O	F BUSINESS OR INDUSTRY		
lone during most of working life, even if retired)		6	
HOUSE-WIFE -		SMALLWOOD (H	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	
Russell Dobson		Tillian D	2221
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Lillian D	
Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.		JAME
	213-15-1725	HENRY S. HOW	OK ADDRESS
110 / 50 // 1	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(C)		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of No	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?
₩ (APPROX.)	hile At Not While		
(APPROX.)	ork		
22. I certify that (1) (this haspital) attended	the deceased fram	2-15	1968 10 2-21 1968
that (1) (we) lost sow the deceosed alive on.	A 2 1	1 0	at in(my) (our) apinian death accurred on the dot
and hour and from the couses stoted obave.	(i) (#e) (did) (did not) v	iew the body ofter deoth.	
23A. SIGNATURE			23B. DATE SIGNED
all of Bredent	en Min Atte	nding Med. Director	Shaff 2 -21-68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
0 1 1 1	T M D	The Johns H	onking Hognital
Carl E. Bredenberd	AME of CEMETERY OF CRE	MATORY 24D I	Opkins Hospital OCATION (City, town, or county) (Stote)
REMOVAL (Specify)	Comment of Charles	240. [	County, lown, or county, (31016)
BURIAL 44/68 W.	ISTMINSTER	CEMETERY W	ESTENINSTER CARROLLEO.M
SA. DATE RECYCLE THEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
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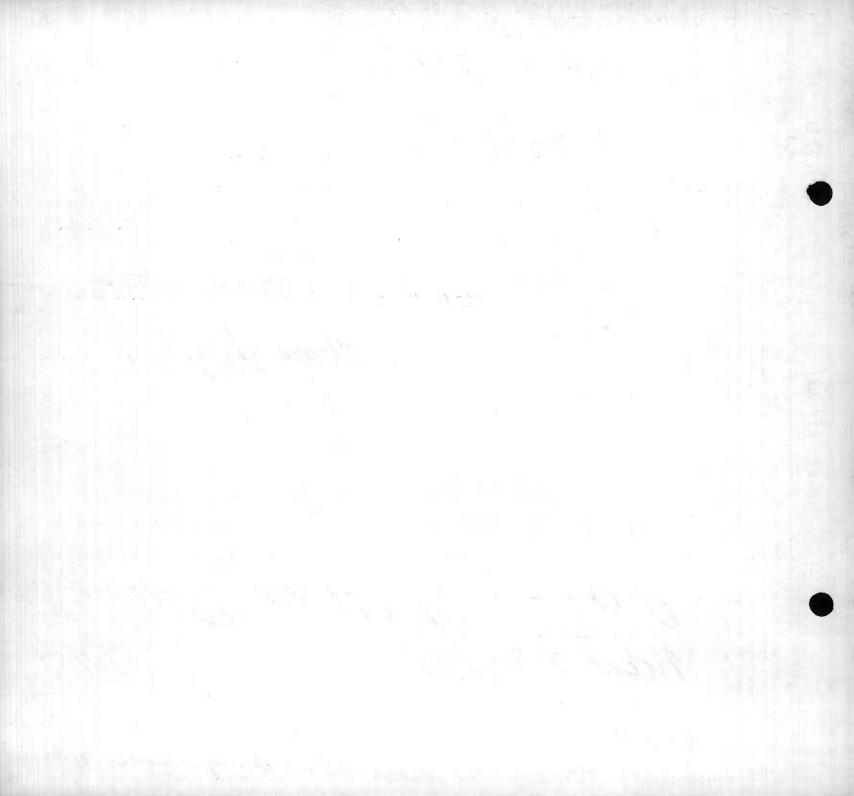
68- 2152 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
	my ty try till dent O		OI DW/ VIII DE

FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  South Baltimore Hospital (DOA)  6. SEX  7. RACE  White  Widowed  10. AGE (In years Manhis, Doys, Hours, Min. Lost birthday)  9. DATE OF BIRTH  10. AGE (In years Manhis, Doys, Hours, Min. Months, Months, Doys, Hours, Min. Months, Mon	M. A <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  South Baltimore Hospital (DOA)  6. SEX 7. RACE Maryland  6. SEX 7. RACE Maryland  6. SEX 7. RACE Mine White Widowed Divorced Divorced Baltimore  9. Date Of Birth 10. AGE (In years last birthday) 11. Birthplace (State or foreign country)  Lovettsville Virginia  4. STATE Maryland  C. CITY OR TOWN Baltimore  9. Date Of Birth 10. AGE (In years last birthday) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME David Clinton Mainhart	A <sub>M.</sub>
South Baltimore Hospital (DOA)  A. STATE Maryland  6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN  Male White WIDOWED DIVORCED Baltimore YES NO  9. DATE OF BIRTH 10. AGE (In years last birthday) Months; Days Hours Min. 450 E. Cross Street  11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?  LOVE TEXT OF WHAT COUNTRY?  14A.USUAL OCCUPATION (Give kind of wark) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	in)
Male White WIDOWED DIVORCED Baltimore  9. DATE OF BIRTH  10. AGE (In years last birthday) Hounder 1 Yr. If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER  3/20/TOTO  12. CITIZEN OF WHAT COUNTRY?  LOVETTS VILLE VIRGINIA U.S.A. DAVID Clinton Mainhart  144. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	1
9. DATE OF BIRTH  10. AGE (In years last birthday)  11. BIRTHPLACE (Stoté ar fareign cauntry)  12. CITIZEN OF WHAT COUNTRY?  14. USUAL OCCUPATION (Give kind of wark) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	Brook.
And the country   And the co	
11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  LOVE TES VILLE VIRGINIA U.S. A. David Clinton Mainhart  14. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	
Fireman  Bethlehem Steel Nora Mae Grimes  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dates of service)  SECURITY NO.  18. INFORMANT  ADDRESS	
W 2 TOLO-IOL5 2/7-16-2277 Hugh V. Mainhart Baltimore, Md. CAUSE OF DEATH  CAUSE OF DEATH  BETWEEN ONSET AND	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
(C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  Yes	Va)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- LATING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in ar about hame, farm, factory, street, affice bidg., etc.) INJURY OCCUR?  22D. TIME (Manth) (Day) (Year) (Haur) 22E. INJURY OCCURED OF INJURY (APPROX.)  22F. HOW DID INJURY OCCUR?	
I certify that I held an Inquiry Inspection Autopsy ond that an this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner  ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type)  ACTUAL ACCIDENT MAD. ASSOCIATE MEDICAL EXAMINER February 21, 196	
24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE 2/24/68  24C. NAME of CEMETERY or CREMATORY LOCATION (City, tawn, ar county) (State)  Lovettsville Virginia	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  FEB 26 1968 Lab & Fallena Feete Funeral Brunswick, Marylan	d

VS 151-REV. 1/1/68

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NAME OF DECEASED			DATE		4.4 -4	7 .		6	
Type or Print) Francis	S.		2. DATE OF	Known X	Month	Doy	Yeor	Hour	
FRANK ANGEL L	UEDE DOON	IOUNICED DEAD	DEATH 3. DATE	Estimoted L		22	68	8.48 Hour	a M.
ULL NAME OF (IF NOT IN HOSPITAL				UNCED DEAD	Month	Doy	Yeor	nour	
HOSPITAL ADDRESS OR LOCAT	ION)	HOIN, OTHE STREET	- 1101111		Feb.	22	1968		
2 x			A. STATE	RESIDENCE (WH	ere deceosed l	B COUNTY		1/	an)
University Hosp	ital			New Yor	k		Suffol		on
S. SEX 7. RACE	B. MARRIED	X NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	ITY LIMITS?	?	
Male White	WIDOWED	DIVORCED [	Long	Island AND NUMBER		YI	ES 🗌	NO 🗆	
DATE OF BIRTH 10. AGE (In lost bigthday		Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.	E. STREET	AND NUMBER					
12-5-21 46			1	Hedge L	ane Con	ter Dylain	m Re	nch	
Nichigan	12.	WHAT COUNTRY?		s NAME		1,000	,		
IA.USUAL OCCUPATION (Give kind of work)	4B. KIND O	F BUSINESS OR INDUSTRY	1	- au	_				
Product Manager	Prin			ginia Mo					
. WAS DECEASED EVER IN U.S. ARMED	FORCES?	17. SOCIAL	1B. INFOR	_	-	ng Islan	DEREBE.		
es, no or unknown) (if yes, give war, or dotes of	of service)	SECURITY NO 81	Mrs	. Norma		_			Rea
119.		CAUSE OF DEA	1					APPROXIMATE INT	
heart failure, asthenia, etc. It means the injury or complication which coused dea		· · ·							
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	disease, th.) , GIVING ING THE  DNTRIBUTIN THE TERMINA						21. AUT	OPSY? (Yes or	No)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 20A. DATE OF OPERATION 20B. CONDITIONS CONDITIONS CONDITIONS OF CONDITIONS OF CONDITIONS OF CONDITIONS OF CONTRIB.	disease, th.)  , GIVING ING THE  DITRIBUTIN THE TERMINA RT 1 (A).  JUITION FO	(c)	AS PERFORA	MED	D (If in Boltime	ore City, give exc		VEC	No)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 20A. DATE OF OPERATION 20B. CON 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)	GIVING ING THE DNIRIBUTIN THE TERMINART I (A).  IDITION FO	R WHICH OPERATION WAS PLACE OF INJURY (e.g., me, form, foctory, street, office white at	in or obout	MED	<b>17</b>			VEC	No)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION S CONDITION GIVEN IN PARAMETER TO DISEASE OR CONDITION GIVEN IN PARAMETER DISEASE OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  222A. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year, OF INJURY (APPROX.)  23.  1 certify that I held on In resulted fram: Natural cause MAS INCOME.	disease, th.)  GIVING ING THE  DITRIBUTIN THE TERMINAL IT (A).  JUITION FO  May be a seed to be	C)	while of the second of the sec	ond that or omicide CHIEF MEDICA	This basis Undeterm LEXAMINER	deoth in my lined manner (	oct locotion	DATE SIGN	ED

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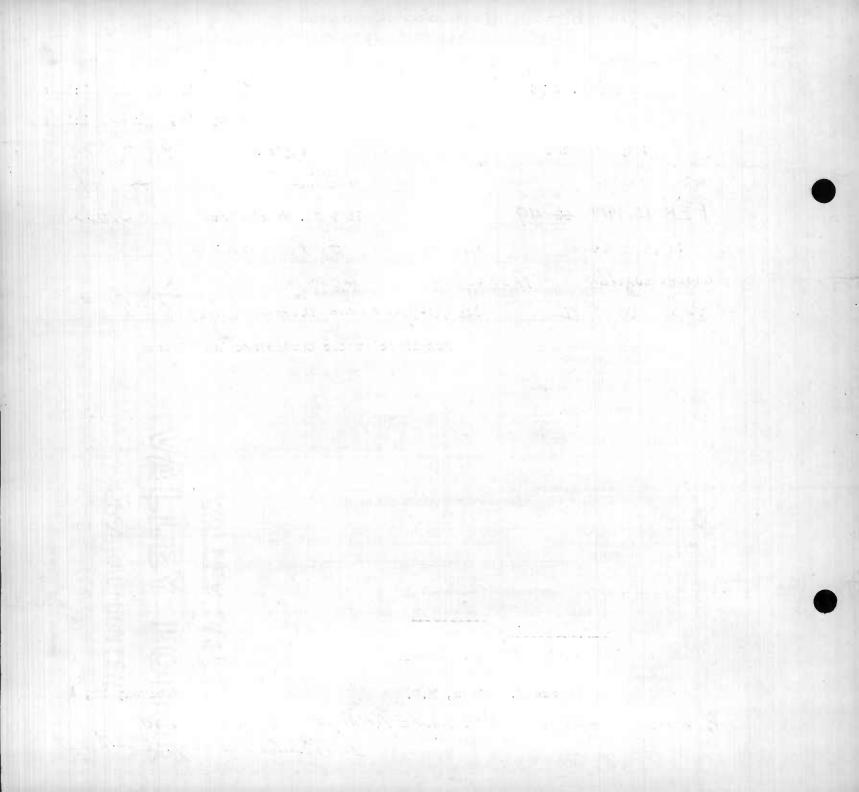
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BRITH NO.  IRANAE OF DECRASED  HOLSEY, Andrew Frederick  D. ALE AND HOUSE OF DELAYED  Proper Parial  D. ALE AND HOUSE OF DELAYED  Proper Parial  D. ALE AND HOUSE OF DELAYED  THE AND HOUSE OF THE HOUSE			00	9.	4 5 5	BALTIMORE CITY				DEC	NO	68-	945	5
Color   Colo				~ C.	TOO	CERTIFICA	TE C	F DE	ATH	REG.	NO		GL	9
NULL HAAMS OF OF NOT IN NOSHITAL OR INSTITUTION, GVE STREET MORNUTURE VECTOR AND VECTOR HAVE  3900 Loch Raven Elvd.  Baltimore				Andr	ew F	rederick		2	Feb1	ruary 23	,1968	3	5:00	A M.
Control of the control of the course of th	3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRO	NOUN	CED DEAD					ved. If ins	titutian: re:	sidence befo	re admissian)
Baltimore, Maryland 21218  S. SEE  Male  White  White  Whower Marriad  White  Whower Marriad  Whower Marriad  Male  White  Whower Marriad  Marriad  Marriad  Marryland  Marryla	FU	LL NAME OF	(IF NOT IN HOSPITA	L OR IN	STITUTIO	ON, GIVE STREET		4		ltimore	Ca		53	-00
Baltimore, Maryland 21218  Baltimore, Maryland 21218  Baltimore, Maryland 21218  SSEX  Male  White	IN:	STITUTION V	eterans Admir	nistr	atio	n Hospital	C. CITY	OR TOWN	1		D. INSI			
S. SEX   S. RACCI   MARRIED   NOVER MARRIED   N. DATE OF BITTI   N. AGE ON years   Wounder 24. His. Male   White   Who DOWED   N. DATE OF BITTI   N. AGE ON years   Wounder 24. His. Male   White   Who DOWED   DATE OF BITTI   N. AGE ON years   Wounder 24. His. Male   White   Who DOWED   DATE   N. DATE OF BITTI   N. AGE ON years   Wounder 24. His. Male   Who Dowed Add   N. DATE   Who Dowed   N. DATE   White   Who Dowed Add   White   Who Dowed Add   White   Who Dowed Add   White   Whit	7	16			-		Ba.	Lt imo	TE NUMBER			YES	NO	X
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DISEASES OR CONDITIONS, il any, giving isse la the above cause (A) stating the UNDERLYING CONDITION (C).    C				aeain.)										
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Death (notify medical exominer)	FIC		OPERATION 19B. CON	DITION FO	OR WHI	CH OPERATION	20 A.	AUTOPSY?	(Yes or N	a) 20B. IF YES	WERE F	INDINGS	CONSIDERE	D
Death (notify medical exominer)	ERT	0					no							
22. I certify that (1) (this haspital) attended the deceased fram December 24, 1967 to February 23, 1968, that (1) (we) last saw the deceased alive an February 23, 1968 and that in (n) (aur) opinion death occurred an the date and haur and fram the causes stated above. (1) (We) (did) (10000) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Staff February 23, 1968  23C. PHTSICIAN'S NAME (Type) GEORGE W. GAFFNEY M.D.  23D. ADDRESS NAME (Type) GEORGE W. GAFFNEY M.D.  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMPTERY of CREMATORY 124D. LOCATION (City, Igwn, or county) (State)  REMOVAL (Specify) 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR SUMMAN.  25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR 125C. FUNERAL		OR CONTRIBU	TING CAUSE OF		home,	ACE OF INJURY (e.g., i farm, factary, street, o	office bldg., INJURY OCCUR? (If in Boltimore City					City, give	exact location	on)
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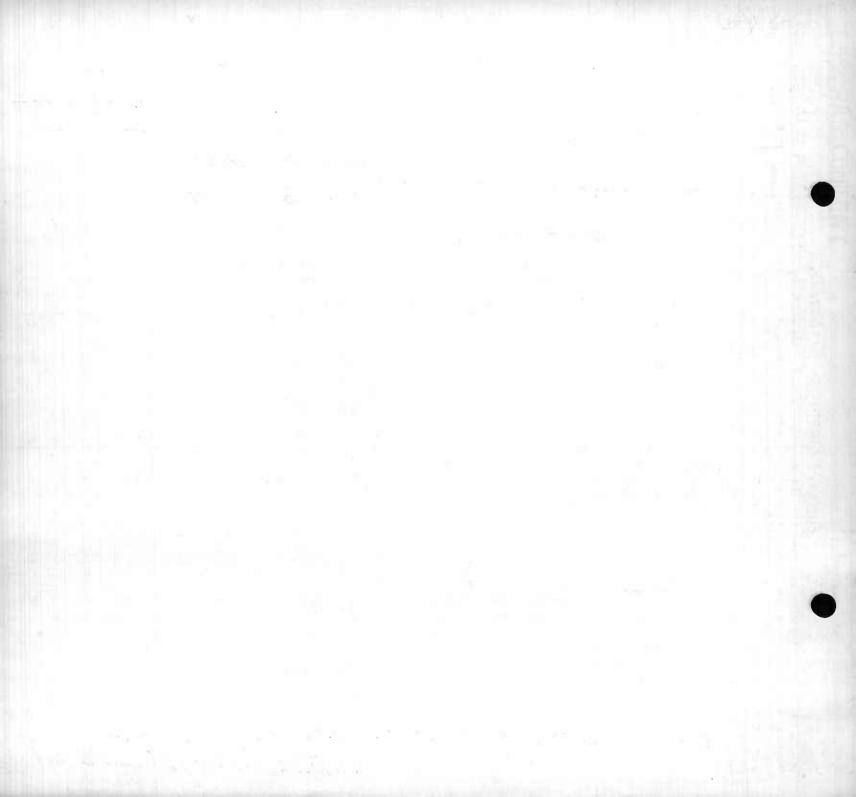
Pin John Gryen Blys.



a hospital and

68- 2	101	HEALTH DEPARTMENT	250 410	68- 2157
BIRTH NO.	CERTIFICA	TE OF DEATH	1	The section will be
1. NAME OF DECEASED (Type or Print)  MARY C, TINELLI		2. DATE	B. 24	968 1:45 - A N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)		C. CITY OR TOWN DE	NDALK D. IN	ISIDE CITY LIMITS?  NO 4
35 CHURCH HOME 9	HOSPITAL	200 DETROIT	R	53.00
Manager and	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if refired)  ### USE UIFE  ### U		PENNSYL		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
DICK CARUSO		VULIA	MARASCO	4.
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No -	21/12/2750	Vito Tipe	ELLI	Same
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION tost.  TO THER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	(c)	A CONSEQUENCE OF		EASE
DISEASE OF CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED				E FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DII ffice bldg., INJURY OCCUR	(If in Bottim	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work	e —	INJURY OCCUR?	
22. I certify that (I) (this hospital) attenthat (I) (we) last saw the deceased alive and haur and from the causes stated abo	an			2 - 24 19 68 pinian death occurred an the date
23A. SIGNATURE Corazon Z. Ce	agan Am	inding Med. Director	Shaff Phys.	23B. DATE SIGNED Felo. 24, 1968
Corazon Z. Ce 23C. PHYSICIAN'S NAME (Type) CORAZON Z.	VERSARA	23D. ADDRESS		00 p. Brondway
24A. BURIAL CREMATION, 24B. PATE	DEGREE 4C. NAME of CEMETERY OF GR	EMATORY 241	LOCATION (	City, town, or county) (Stote)
BURIAGE DESTIGES	PALTIMORE NA	TTIONAL B	ALTIMORE	, md
25A. DATE REC'D BY HEAUTH DEPT	WE OF REGISTRA	2SC. FUNDAL DIREC	Balley !	Levela Dess hyd.

1 258 NAME OF REGISTRA W. Dwoke Balley, Curlatheshy 25A. DATE REC'D' BY HEAUTH DEP VS 150-REV. 1/1/68

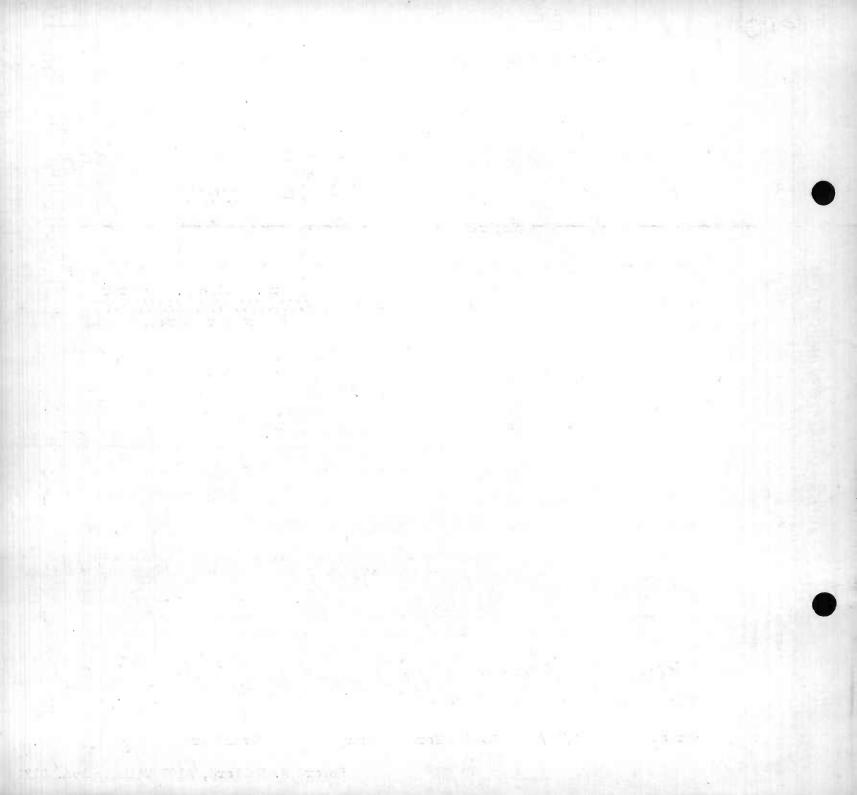


BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH pital and of death Deceased BIRTH NO I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 4. USUAL RESIDENCE (Where deceased lived. If institution: residence below
A. STATE
B. COUNTY WHERE PRONOUNCED DEAD at ance A. STATE cause; (5) contributing cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS? attend UTHERVICLE YES prior E. STREET AND NUMBER Undetermined 9 mad 9. AGE (In years S. SEX 6. RACE DATE OF BIRTH **NEVER MARRIED** regul eased lost birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) disposition done during most of working tife, event if retired Retired DINDERX 10exx 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 IMPORTANT 0 15. Was Deceased Ever in U. S. Armed Forces? eat 6. SOCIAL 17. INFORMANT (Yes, no or ynknown) (If yes, give war or dates of service) SECURITY NO. 10 DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF fractur heart failure, asthenio, etc. It means the diseose, DIRECTOR: ular injury or complication which caused death.) ANTECEDENT CAUSES 0 re are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving stoting the 1a the abave cause (A) 9 UNDERLYING CONDITION last. before the remains chief medical Mas 11 FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 0 OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? °N to the hospital DEATH (notify medical examined MEDIC obtained (Hour) 21 D. TIME (Month) (Day) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) Work At Work any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an of death) hospital ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death. must 23A SIGNATURE Attending Med. Staff 0 Phys. Phys. acci written approval 23C. PHYSICIAN'S NAME (Type) 8 23D. ADDRESS prior at 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY deceased o **V** bod REMOVAL (Specify) shows: Burial 2/24/68 Loudon Park Cemetery Baltimore Was 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR the

VS 150-REV, 1/1/6B

If Under 1 Yr. If Under 24 Hrs. Hours Months Doys 12. CITIZEN OF WHAT COUNTRY? 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred an the date 23B, DATE SIGNED Howard H. Hubbard, 4107 Wilkens Ave. 21229

NO



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215	TIL NO.		MED	ICAL	EX.	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.			
	NAME OF DEC	EASED		R.			2. DATE	Known XX	Month	Doy	Yeor	Hour	
(Ту	pe ar Print)		HARLES		CU		OF DEATH	Estimoted	2	23		8:15	э.м
4.	PLACE IN BAL					NCED DEAD	3. DATE		Month	Doy	Year	Hour	a we
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	10ITUTIT	I, GIVESTREET		SIDENCE (When	Feb.	23	1968	8:15	a M.
	90						A. STATE	SIDEIVEE (Wile)	e deceosed ii	B. COUNTY	n. residence	party .	
6.	Unive SEX	7. RACE	Hospit	a1 B. MARI	RIED	NEVER MARRIED	C. CITY OR	Maryland TOWN		D. INSIDE C	ITY LIMITS?	8-01	5
м	ale	White		WIDON	VED 🗌	DIVORCED	Balto			Y	ES 😾	NO 🗌	
	DATE OF BIRTI		10.AGE (In			r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.		ND NUMBER					
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11.	BIRTHPLACE (S	tote or foreig	n country)			IZEN OF	13. FATHER'	SNAME					
	Balto.					A COUNTRY?		t Ramsch					
1 4A	USUAL OCCU	PATION (Give	e kind of work	4B. KINI	OF BU	SINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME				
(	Construc WAS DECEAS	tion Wo	orker	Con	uild trac		Chr	istine Sm	oslvin	A	DDRESS		
(Ye	s, no or unknown)	(If yes, give v				SECURITY NO.	Andre	y Buchans	n 802	Eton Ro	ad Tow	son. Md	
-	19.	**	1			CAUSE OF DEA		y Buolinia		HOOH KO	A	PPROXIMATE IN	TERVAL
	50	901									BETV	VEEN ONSET AN	ND DEATH
		E OR COND		CTLY									
		ot meon the		lna: e.a		(A) IMMEDIATE	AS A CONSEQ	bdural h	emorrha	age			
	heort foilure	, osthenio, etc. nplication which	. It meons the	diseose,		00L 10, 0K	AS A CONSEG	DETTOE OF					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,									
		NTECEDENT				(B)	AS A CONSEC						
		OR CONDITION				DUE 10, OR	AS A CONSEC	DUENCE OF:					
z		NG CONDITI				(c)							
은	E903	.5-	11										
CERTIFICATION	COTHER SIGN	ATH BUT NOT	RELATED TO	ONTRIBU	TING								
프	DISEASE OR	CONDITION	GIVEN IN PA	ART I (A)	).								h1 )
8	20A. DATE OF	FOPERATION	1 20B. COI	NOITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes o	r No)
7	X											YES	
S	UNDERLYING	NAL CAUSE			home, f	ACE OF INJURY(e.g., orm, foctory, street, office	, in or obout 2 ce bldg., etc.) II	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give ex	oct locotion)	10	-00
MEDI	UTING CA					Sidewalk		Unit blo	ck - s	idewa1k	S. Po	pplton_	St.
Σ	OF INJURY	(Month) (D	oy) (Year	) (Hou		INJURY OCCURRED		2F. HOW DID II	NJURY OCC	UR?			
	(APPROX.)	2	8 68	11:	20 WC	RK NO	WHILE WORK	Subject	trippe	d and st	truck	head or	n side
	23.				p		(Tab					walk	
L	I cert	ify that I h	eld an I	nquiry			stapsy X	and that an	this basis,	death in my	opinion		
	resul	ted fram: N	latural cou	ses	Acc	ident X Suici	de Ho	micide	Undetermi	ined manner			
1			15/	11	11	_	(	CHIEF MEDICAL	EXAMINER			DATE SIGN	
U	SIGNAT		MI	- V	11	M.I.	D. ASSI	STANT MEDICAL	EXAMINER	X			
	EXAMIN			. 19	-		ASSO	CIATE MEDICAL	EXAMINER				
	NAME (		Edward	F.	Wils	on, M.D.						ry 23,	
	A. BURIAL CRE		AB. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, tow	n, or county	(Sto	te)
	Burial		2/26/19	968	Mo	reland Meme	pial Pa	rk	Baltimo	re. Md.			
25	A. DATE REC'D			25B. I	VAME C	F REGISTRAR	25C. I	UNERAL DIREC	TOR	7	ADDRESS	,	
	F	EB 26	1968	120.	- PS	E. Farbeyra	Eu	genia K. itz Fune:	Seitz	-			
Ve	151-REV. 1/1/6I			4504			00	roz rune	al Hor	ie Belt	o. Md.	21212	
+ 3	131-KL V. 1/1/01	1/ 5	12 0	Car I									

K MIRES AND RESCRIPTION  68- 2160 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	EVIZINII JEI	CEKINICATE	OI PLAIII.

16	0
	16

BIRTH NO.				REG. NO	)		
1. NAME OF DECEASED (Type or Print)		2. DATE KnawnX	X Month	Doy	Yeor	Hour	
AINO KNUUTTILA		OF DEATH Estimote	2	22	68	7:20	р м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL ADDRESS OR LOCATION)	STITUTION, GIVE STREET	PRONOUNCED DEA	Feb.	22.	1968m	7:20	D 44
OR INSTITUTION		5. USUAL RESIDENCE				efore admis	sion)
A D (711 D		A. STATE		B. COUNTY	0	1 - 5	- 18 <sup>74</sup>
6711 Bessemer Ave.		Maryla C. CITY OR TOWN	na	In INISIDE	CITY LIMITS?	0	6
MAK	RIED NEVER MARRIED	C, CITT OR TOWN				- Far-	-
T CHICAGO   WILL CO	WED DIVORCED	Balto.			YES X	ио 📙	
9. DATE OF BIRTH 10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMB	ER				
3/30/90 77		6711 B	essemer .	Ave.			
11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF	13. FATHER'S NAME					
Finland	WHAT COUNTRY?	Andrew Lein	onen				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIN		15. MOTHER'S MAIDEN	NAME				
done during most of working life, even if retired).  Housewife		Kaisa ?					
16. WAS DECEASED EVER IN U.S. ARMED FORCE	S? 17. SOCIAL	18. INFORMAN Hus	and )	Balto.	ADDRESS	Id.	
(Yes, no or unknown) (If yes, give wor or dotes of service)	211-24-4077	Mr. Herman	Cannet + 17				
119.			Muudoll	9 0/11		PROXIMATE IN	
412,01	CAUSE OF DEA	IH				EEN ONSET A	
DISEASE OR CONDITION DIRECTLY	Hyper	tensive Aster	iosclero	tic Card	diovasc	ular	
LEADING TO DEATH	(A)IMMEDIATE C	AUSE		Disease			
(This does not mean the made of dylng, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR A	AS A CONSEQUENCE OF:					
injury or complication which coused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSEQUENCE OF				************	
RISE TO THE ABOVE CAUSE (A) STATING THE							
Z GINDERETHING CONDITION EAST.	(C)						
E 443X 11							
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM	JIING						
三 DISEASE OR CONDITION GIVEN IN PART 1 (A	).						
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED			21. AUTO	PSY? (Yes o	r No)
lok l						Yes	
Z22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE	DID (If in Boltin	ore Cily, give e	exact location)		
UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.	home, form, foctory, street, office	e blag., etc.) IINJURT OCC	UK				
22D. TIME (Month) (Doy) (Yeor) (Hou	11) 22E.INJURY OCCURRED	22F. HOW D	D INJURY OC	CUR?			
OF INJURY (APPROX.)		WHILE					
23.	m. WORK AT W	ORK					
I certify that I held an Inquiry	Inspection Au	tapsy XX and that	on this basi:	death in m	y oninion		
				0 11			
resulted fram Natural causes	Addident Suicid			nined manner			
ACTUAL SIJA	1110	CHIEF MEDI	CAL EXAMINE			DATE SIGN	NED
SIGNATURE	VIV M.D	ASSISTANT MED	CAL EXAMINE	lxk			
EXAMINER'S		ASSOCIATE MED	CAL EXAMINER				
NAME (Type) Edward F.	Wilson, M.D.					ary 23	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	ar CREMATORY	24D, LOCATIO	N (City, to	wn, or county)	(Sto	ie)
Burial 2/26/68	Oak Lawn Ceme	tery		Baltimo	re, Mar	yland	
	NAME OF REGISTRAR	25C. FUNERAL D	RECTOR		ADDRESS		
	But E. Falleyra	Tollar T 7	nuda. 792	22 Wise	Ave. Du	Mehre	Md.
FFR Z D IMEX III	I then I . when I I . As II				2. 10 0	III MOTTY	A DIES AND THE

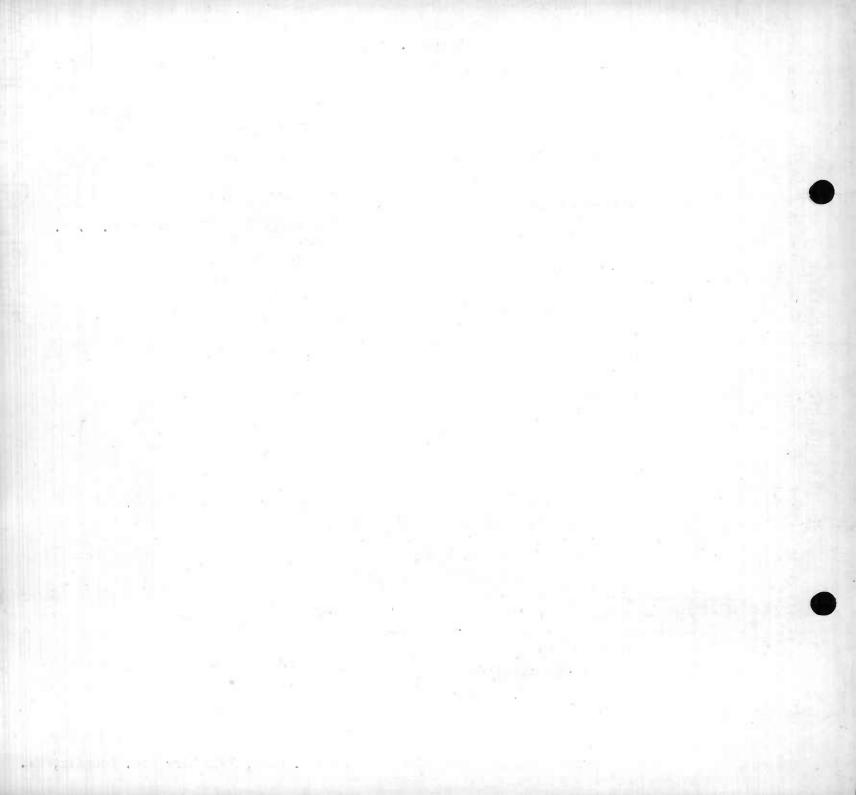
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IMPORTANT

DIRECTOR:

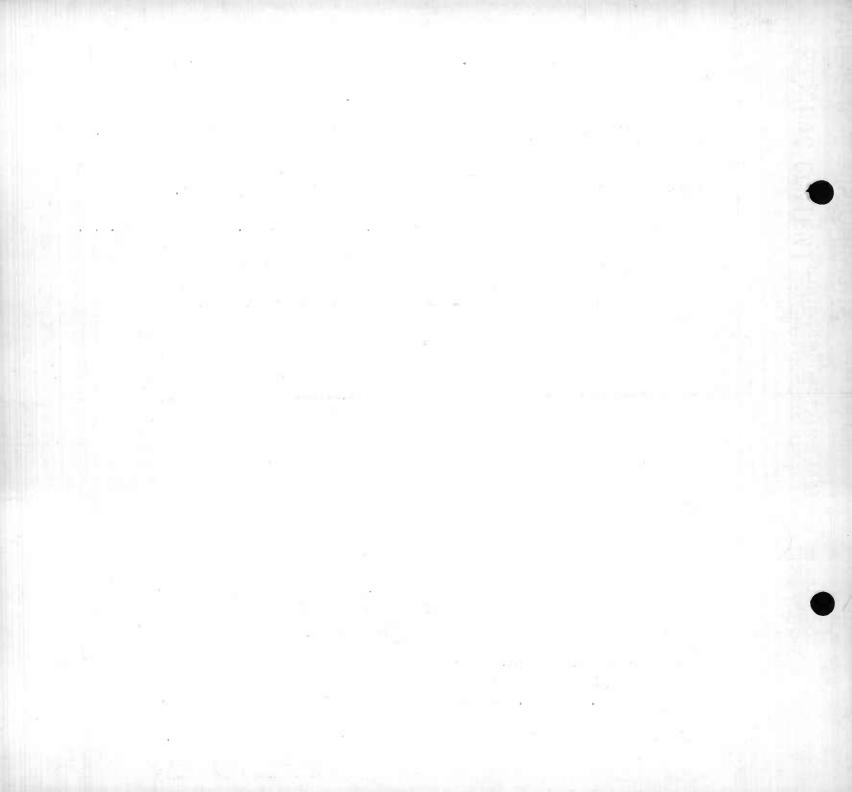
FUNERAL

VS 150-REV. 1/1/68



a hospital and

			BALTIMORE CIT	Y HEALTH DEPARTMENT	T	00 0100
BIRTH NO.	6	8- 21	62 CERTIFICA	TE OF DEATH	REG. NO	68-2162
1. NAME OF DECEASED (Type or Print) WHARTON, William H.				February 21, 1968 3pm M.		
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD		Where deceased lived. If i	nstitution: residence before admission)
full name of Hospital or Institution, GIVE STREET ADDRESS OR LOCATION)  Johns Hopkins Hospital				Maryland c. CITY OR TOWN		SIDE CITY LIMITS 6-34
				Baltimore		YES NO X
				4825 Wright Avenue 21205		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
male	white	WIDOWED		2/22/15	52 yrs.	Months Doys Hours Min.
10A, USUAL OCC	UPATION (Give kind of wo	k 108, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
Brewer Schaeffer Brewing Co.						U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
William Wharton				Janie Schnietman		
15, Wos Deceoses	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
no no or unknowi	(If yes, give wor or do		17-05-0049		nee Greger) on, wife, above	ve
OTHER SIGNI TO THE DEAD TO THE	SÉ OR CONDITION D LEADING TO DEATH not mean the made a osthenia, etc. It mean mplication which cause: ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) G CONDITION last.	dying, e.g., the disease, death.)  any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A).  NOTICE TERMINAL RT 1 (A).	(B) DUE TO, OR A  (C) WHICH OPERATION  PLACE OF INJURY (e.g., or form, foctory, street, or form, foctory) INJURY OCCURRED  INJURY OCCURRED  Not Wh	20 A. AUTOPSY? (Yes on in or obout 21C, WHERE DI office bidg., INJURY OCCUT	or No.) 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
22. 1 certify	that (1) (this haspite	1) attended t	he deceased from	Nov	1966 to	Feb 1968.
	) last saw the deceas		- /	3 1968 -		inlan deoth occurred on the date
						man death accorded on the date
		ited abave. (	) (We) (did) (did no)	view the bady after dea	ith.	OOR DATE SIGNED
23A. SIGNATULE  23B. DATE SIGNED  Attending Med. Staff 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
0	way or c	filly	DEGREE Ph		Phys.	2-23-68
23C. PHYSICIA NAME (	AN'S Type)	U		23D. ADDRESS		
	Dr. Larry	G. Till	ey	1713 Tav	lor Avenue	
24A. BURIAL CRI	EMATION, 248, DATE		AME of CEMETERY OF CI			City, town, or county) (State)
REMOVAL	(Specify)	8 T.	don Donle Come	+	Ambutus Ma	
Burial 25A. DATE REC'S	2/26/6		don Park Ceme	25C. FUNERAL DIREC	Arbutus, Md.	ADDRESS
	ED & 0 1308	Placents	E, Jakey A		Funeral Home	3
V\$ 150-REV. 1/1/	/6B					

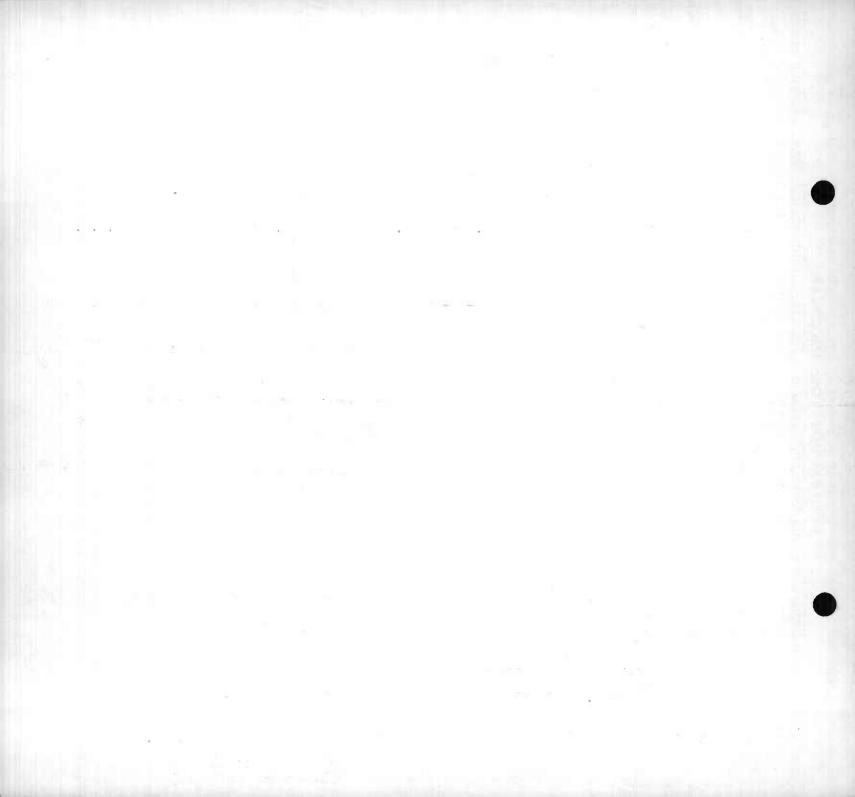


3

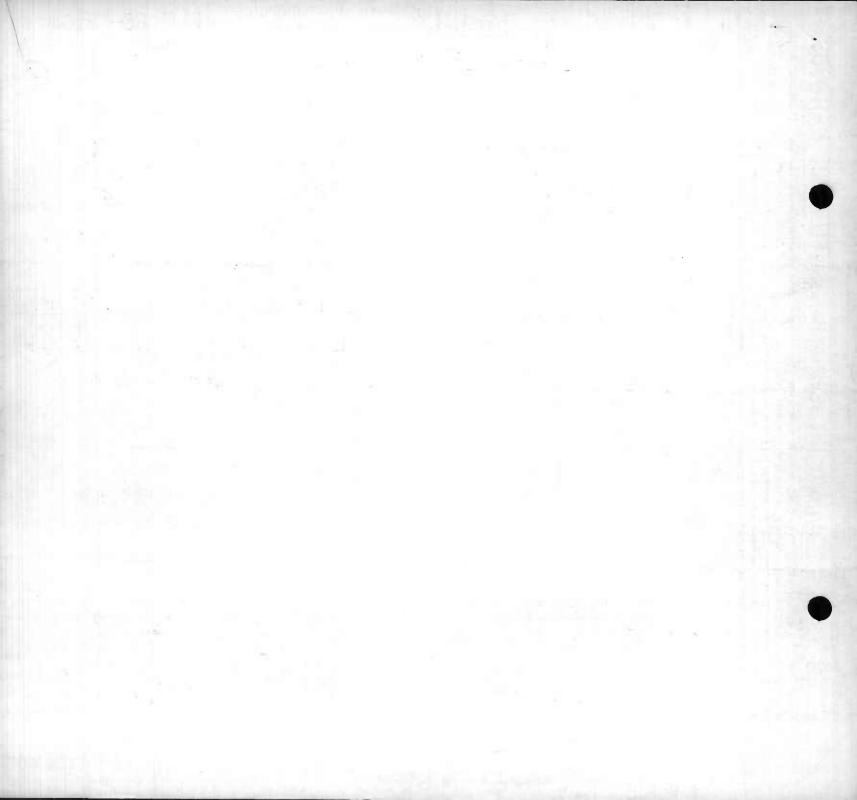
VS 150-REV. 1/1/68

Schimunek Funeral Home

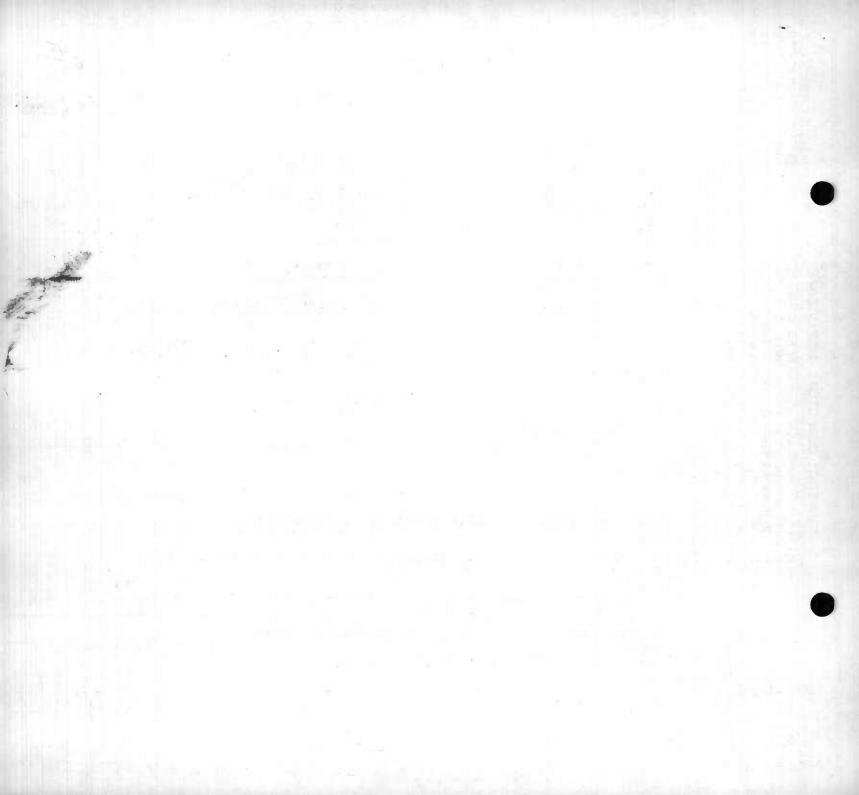
3331 Brehms Lane



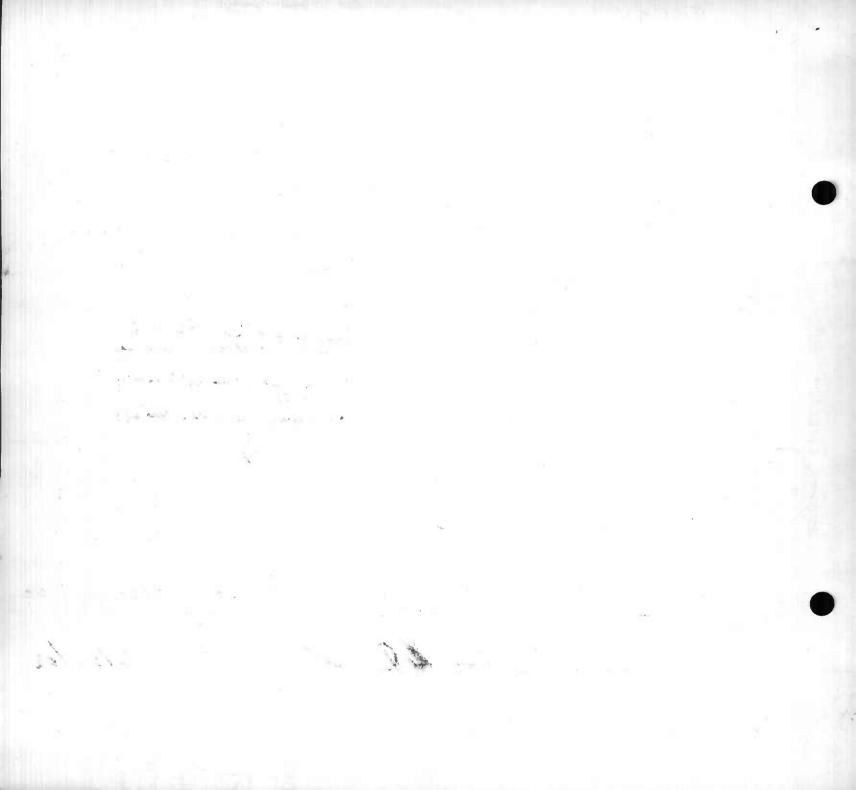
VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



VS 150-REV, 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

a

Mas

Ö

shows: (1)

the body

Such

uo

21 D. TIME

OF INJURY

(APPROX.)

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Burial

VS 150-REV. 1/1/6B

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

(Month) (Doy) (Year)

that (I) (we) lost sow the deceased alive on...

(Hour)

22. I certify that (I) (this hospital) attended the deceased from

2/20/68

26 1968

21 E. INJURY OCCURRED

While At

and hour and fram the causes stated above. (1) (We) (did) (did not) view the body ofter death.

Work

		BALTIMORE CITY	HEALTH DEPA	RTMENT		00 0/00
BIRTH NO. 68	- 2168	CERTIFICA	TE OF D	EATH	REG. NO	68-2168
1, NAME OF DECEASED (Type of Print) Mrs. Sarah El	izabeth Les	ssner		2. DATE A	168 HOUR OF DEATH	М.
HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION		4. USUAL RESIDA. STATE  Marylan C. CITY OR TOW	B. COU	NTY	IDE CITY LIMITS?
226 S. Monaste	ery Avenu	ie :	B Baltim	OTO NUMBER	tery Avenue	YES NO NO
5. SEX 6. RACE White	7- MARRIED A N	DIVORCED	8. DATE OF BIRT	TH	9. AGE (th years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired) Housewife		INESS OR INDUSTRY	11. BIRTHPLACE	(State or for	eign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Edward Stifl	er		Margare			
15. Was Deceased Ever in U. S. Armed F. (Yes, na ar unknawn) (If yes, give war ar do	les of service)	SOCIAL SECURITY NO. 3-05-9972B	Mr. Geo	rge Le	ssner -226 1	ADDRESS Monastery Ave.
DISEASE OR CONDITION D LEADING TO DEATH (This does not meen the made a heart failure, asthenia, atc. It mean injury ar camplication which couse ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	f dying, e.g., s the diseose, d deoth.) S	(8)	A CONSEQUENCE	V	Jennede.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  12 kg

21 F. HOW DID INJURY OCCUR?

Shaff

Phys.

24D. LOCATION

Woodlawn

Med.

Director

FUNERAL DIRECTOR

ond that in (my) (our) opinion death accurred on the date

23B, DATE SIGNED

(City, tawn, or county)

ADDRESS

(State)

## George Edward Stifler 15, Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give war ar dotes a no DISEASE OR CONDITION DIREC LEADING TO DEATH (This dges not meon the made of dyi heart failure, osthenia, atc. It means the injury ar camplication which coused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, la the abave cause (A) UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 20 A. AUTOPSY? (Yes ar No) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bidg., INJURY OCCUR? (If In Baltimare City, give exact location) MEDICAL DEATH (natify medical examiner)

Nat White

Attending

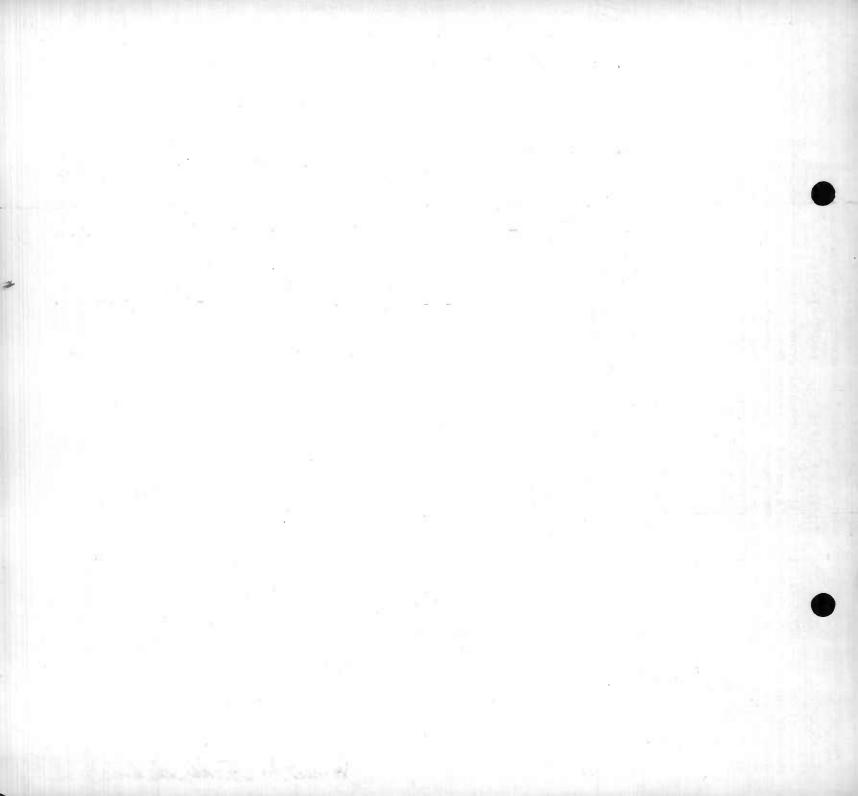
23D. ADDRESS

At Work

DEGREE

24C. NAME OF CEMETERY OF CREMATORY

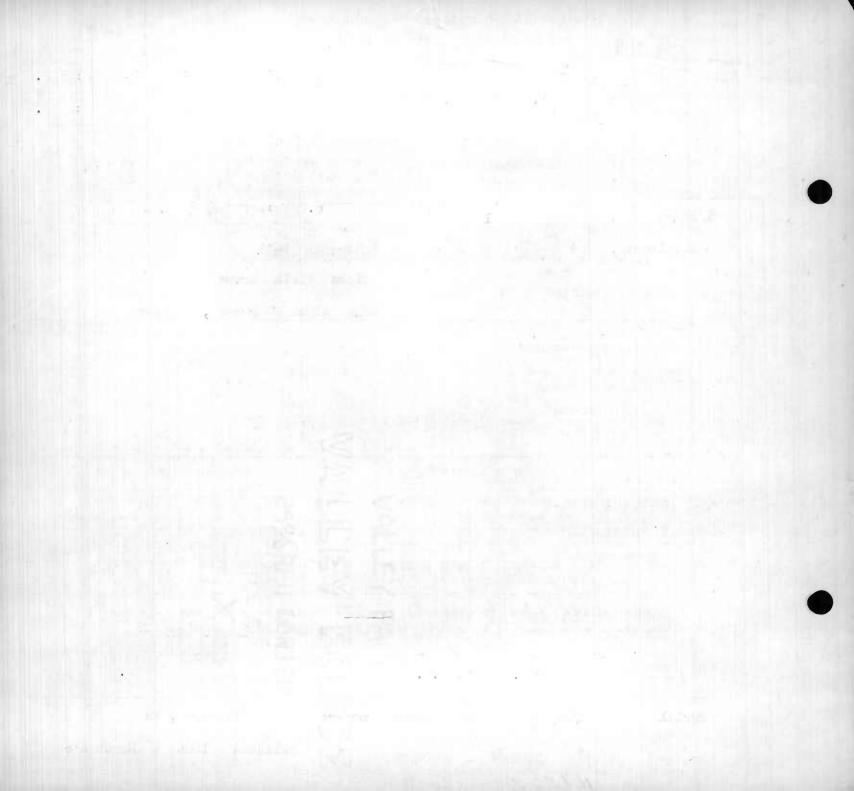
Woodlawn Cemetery



B-650

65- 2169 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.68.0	1068	MED	ICAL	EXA	MINER'S	CERTII	ICATE (	OF	DEA	TH REG. I		2169	3 .
1. N	IAME OF DEC	EASED	chelle	Brow	n		2. DATE OF DEATE	Knawn [	_	Manth	179	19.58	8:45	P. M.
FULL	NAME OF	(IF NO	ARYLAND, W	LORINS			3. DATE	OUNCED DEA	D	Month 2	1 <sup>Dev</sup>	1968	8:45	
ORI	NSTITUTION	Pr	ovident	Hos	pital	L	5. USUA A. STATE	Marylan	Where d	dece ased	B. COUN		before odm	ission)
6. S	F	7. RACE	00	B. MARR		DIVORCED		or town Baltimo		l de	D. INSID	YES WINTER	NO 🗌	
1/:	ate of birti		10. AGE (In last birthday		Months	1 Yr. If Under 24 Hrs. Doys   Haurs   Min.		Mc.Cull		Stree	t 1328			
1	Baltimo	re,	d		U	COUNTRY?	Clar	ence Be						
dane	during mast of v	varking life, e	ven ifretired)			INESS OR INDUSTR	Alph	a Viola		Brown				
16. Yes,	NAS DECEAS na ar unknown)	(If yes, give	U.S. ARMED war or dates of	FORCES of service	5? 17.	SOCIAL SECURITY NO.	M <sub>p</sub> 8	Alpha V	E	Brown	, 8	ADDRESS	PPROXIMATE I	
CERTIFICATION	(This does not heart failure injury or continue of the continu	LEADING TO of mean the , osthenia, etch policotion whi NTECEDENT DR CONDITIE E ABOVE CA NG CONDITIE (IFICANT CO	made of dyi c. It means the ich coused deo CAUSES IONS, IF ANY USE (A) STAT	GIVING THE	TING	(A) IMMEDIATE DUE TO, OR	CAUSE AS A CONS	Orrhage,		-				
MEDICAL	20A. DATE OF	NAL CAUSE OR CON	N 20B. CON WAS ITRIB-	DITION	228. PLA	ICH OPERATION W  CE OF INJURY (e.g.  CHIRLY WHT et, offi  NJURY OCCURRED	, in ar abay	1 22C. WHERE	UR?		unknov	e exact lacotion)		
		ify that I he ded fram: N	neld an Ir Natural caus Werner		Ascia OYtz	spection At	AS	and that Hamicide  CHIEF MEDI SSISTANT MEDI SOCIATE MEDI	CAL E	Undeten EXAMINEI	mined mann	my opinion ner 🔀 Febr. 1		3
R	DATE REC'D	fy)	2/21/6		M IAME OF	t Auburn REGISTRAR	Cemet	TY	RECTO	Balti	more,	Md ADDRESS W Nort		ate)
VS 1	51-REV. 1/1/68	DAO	1908 (1	Co	58.	tarbuma		Hal	. S T C	au	1206	M MOT.C	n A e	



68- 2	BALTIMORE CIT	Y HEALTH DEPARTMENT	
00 6	CERTIFICA	TE OF DEATH REG. NO.	68- 2170
BIRTH NO.	CERTITIE		101.0
1. NAME OF DECEASED	/	2. DATE AND HOUR OF DEA	TH
learl Samp	12	2-17-6	8 9:00 PN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	f institution; residence before admission)
		Maryland	0 11
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET		NISIDE CIDY HARRES TO
NSTITUTION		0 11	NSIDE CITY LIMITS?
10		130/t, more	YES NO NO
Maryland Genera	1 Assortal	E. STREET AND NUMBER	
oct of a	11000	2352 Entaw P1	acra
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
E N WIDG	WED DIVORCED	1 - 20 - 84 lost birthday)	Willing Day's Hours Willing
DA. USUAL OCCUPATION (Give kind of work 10B, KIN		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		1 0	115
None		Maryland	013.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
7		Frances Bark	104
,	13.6.22.24		
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknawn) (If yes, give war or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Lillian Davis (S	ane
18.412.9	CAUSE OF DEA	TH	APPROXIMATE INTERVAL
	Λ.	0	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Date river lan	otic Cardiovascylar Dica	?
(This does not meen the made of dying,	(A) IMMEDIATE CA	USE	are
heort failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:	
injury ar camplication which coused death.)	Dima	les mannen B	. Oalera &
ANTECEDENT CAUSES	1 Julie	of the total	
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A) stating		/	
UNDERLYING CONDITION Iosl.	(c)		
422./ 11			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT			
TO THE DEATH BUT NOT RELATED TO THE TERM  DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL	***************************************	
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WE	RE FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.	in at about 21C. WHERE DID (If In Balti	mare City, give exact location)
OR CONTRIBUTING CAUSE OF	hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	
DEATH (notify medical examine)	erc./		
21D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ØF INJURY (APPROX.)	While At Not Wh		
	Wark L At Wark		2112 11
22. I certify that (I) (this haspital) atten	ded the deceased fram	219 1 19 68 ta	19 60
that (1) (we) last saw the deceased alive	an 2 1	7 19 (0 8 and that in (my) (aur)	apinlan death accurred an the date
and have and from the causes stated abo			
	ve. (1) (me) (ala) (ala nat)	view the bady after death.	COR DATE SIGNED
23A, SIGNATURE			23 B. DATE SIGNED

Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS WILLIAD 24A. BURIAL CREMATION, REMOVAL (Specify) 0 (State) or CREMATOR 24D. LOCATION (City, town, ar county) 2/26/68 8 MT 256 NAME OF Ca; vary Cel County Burial Cemetry Md 25A. DATE REC'D BY HEAL Adelphus Halstead 1206 W North Aves VS 150-REV. 1/1/6B



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 1. NAME OF DECEASED Knawn X DATE Month Hour (Type or Print) OF JAMES G. THOMAS February 16, 1968 Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF February 16. 1968 12:45 A.M. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY (DOA) Maryland Mercy Hospital 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Male Negro WIDOWED Baltimore YES X DIVORCED L NOL 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. F STREET AND NUMBER Months , Days , Haurs , Min. last birthday) 1124 Forrest Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Winslew L. 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking life, even if retired) Beverly IB. INFORMANT ADDRESS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war ar dates af service) SECURITY NO. MRs Beverly Thomas. same APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Interstitial pneumonitis (SDII) LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFIC DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22B. PLACE OF INJURY (e.g., In ar about 22C. WHERE DID (If in Baltimare City, give exact location) home, farm, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE I (APPROX.) m. WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses X Suicide Homicide Undetermined monner Accident \_\_ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. February 16, 1968 NAME (Type) 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY or CREMATORY (City, town, or county) (State) REMOVAL (Specify) Baltimore uburn Cometry Md 25B. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. W North AVe Halstead

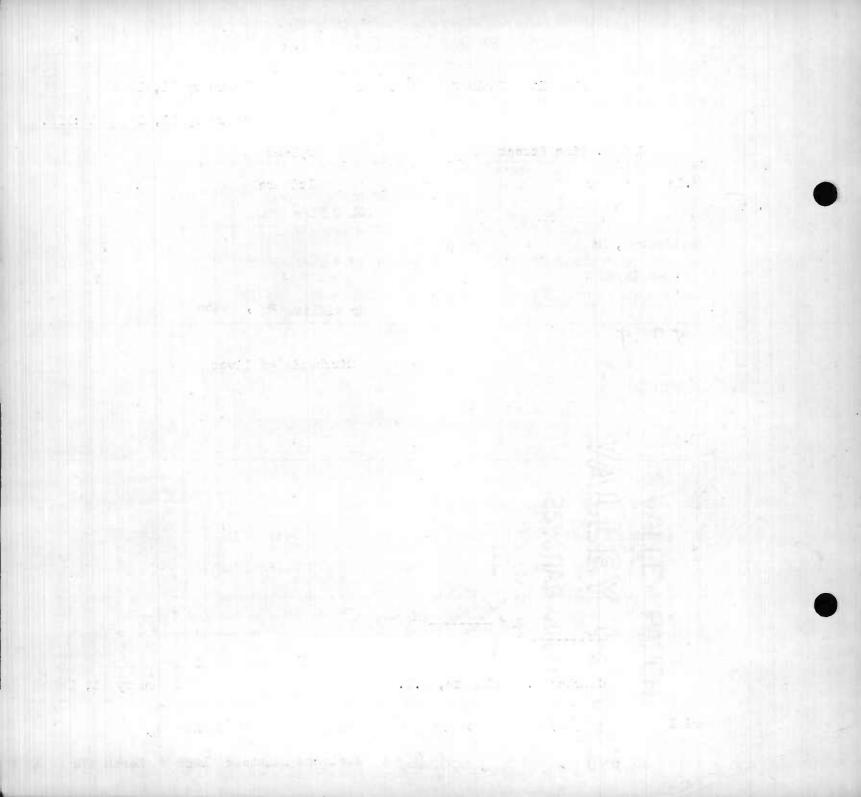
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Male	Neg:	ro	WIDOWE	D DIVORCED		Baltim	ore		YE	s X	NO 🗌
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Baltimore, Maryland 21218    E. STREET AND NUMBER 2903 N. Louden Street	1
2903 N. Louden Street    S. SEX   S. RACE     Married   Never Married     S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Birth   9. Age (In years of Industry)   S. Date of Industry   S. Date of Indust	
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done during most of working life, even if relired)  Hairdresser  I3. FATHER'S NAME  Harry Preston  I5. Wes Decessed Ever in U. S. Armed Forces?  Yes 1/15/44 to 10/30/44  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heert foilure, osthenio, etc. It meens the disease, injury or complication which coused death,  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.  COUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (C) Generalized Arteriosclerosis  Amputation Right Leg  3Days  3Days  20. Autopsy? (Yes or No) 192. CONDITION FOR WHICH OPERATION 192. ADATE OF OPERATION 193. AUTOPSY? (Yes or No) 194. AUTOPSY? (Yes or No) 195. CONSIDERE FINDING CAUSES OF DEATH?  20. Autopsy? (Yes or No) 194. Autopsy? (Yes or No) 195. CONSIDERE FINDING CAUSES OF DEATH?  20. Autopsy? (Yes or No) 195. CONSIDERE FINDING CAUSES OF DEATH?  20. Autopsy? (Yes or No) 196. CONDITION FOR WHICH OPERATION 197. ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 199. CONDITION GIVEN IN PART 1 (A) 199. CONDITION FOR WHICH OPERATION 190. Autopsy? (Yes or No) 190. CONDITION GIVEN IN PART 1 (A) 190. Autopsy? (Yes or No) 190. CONDITION GIVEN IN PART 1 (A) 190.	ıs Min.
Hairdresser  Harry Preston    S. Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO. Yes   1/15/44 to 10/30/44   213-05-75-76	AT COUNT
Harry Preston    S. Was Deceased Ever in U. S. Amed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)   Yes	
15. Was Decaused Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of doles of service) Yes 1/15/44 to 10/30/44 213-05-75-76  18.	
Yes 1/15/44 to 10/30/44 213-05-75-76 Anna E Preston-2903 N Loudon Aver VAH, 3900 Loch Raven Blvd. Balto., Md.    18.	
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LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astherio, etc. If means the disease, injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION tost.  (C) Generalized Arteriosclerasis  THOUR OF AS A CONSEQUENCE OF:  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C) Generalized Arteriosclerasis  Amputation Right Leg  3Days  To the DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED angrene  (A) IMMEDIATE CAUSE Myocardial Infarction 1 Hour DUE TO, OR AS A CONSEQUENCE OF:  (C) Generalized Arteriosclerasis  Amputation Right Leg  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	ET AND DEA
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2-20-68 VAS PERFORME Gangrene    21A. ACCIDENT WAS UNDERLYING	
U 21A, ACCIDENT WAS UNDERLYING 21B PLACE OF INTURY (e.g., in or about 21C, WHERE DID	U
OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?	on)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)  While At Not While At Work	
22. I certify that (this haspital) attended the deceased from February 15, 1968 to February 22,	
that (1/2 (we) lost saw the deceased alive on February 22, 19.68 and that In(a) (aur) opinion death occurred	19.68
ond hour and from the causes stated above. (X) (We) (did) (XPEXANT view the body after death.  23A, SIGNATURE)  23B, DATE SIGNED	
23A. SIGNATURE)  23B. DATE SIGNED  Attending Med. Shaff 37	

written approva 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 3900 Lowh Raven Blvd. Baltimore, Md. 21218 Edward O. Hunt MD 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) 8 Baltimore National Cemetery
| 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR Baltimore, Maryland Burial 2-26-68 25A. DATE RECID BY HEALTH DEPT. ADDRESS Ellsworth Armacost-4600 Liberty Hghts. Ave VS 150-REV. 1/1/68

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Baltimore, Maryland Woodlawn Cemetery ADDRESS 25B. NAME OF REGISTRAR Ellsworth Armacost-4600 Liberty Hghts. Av.

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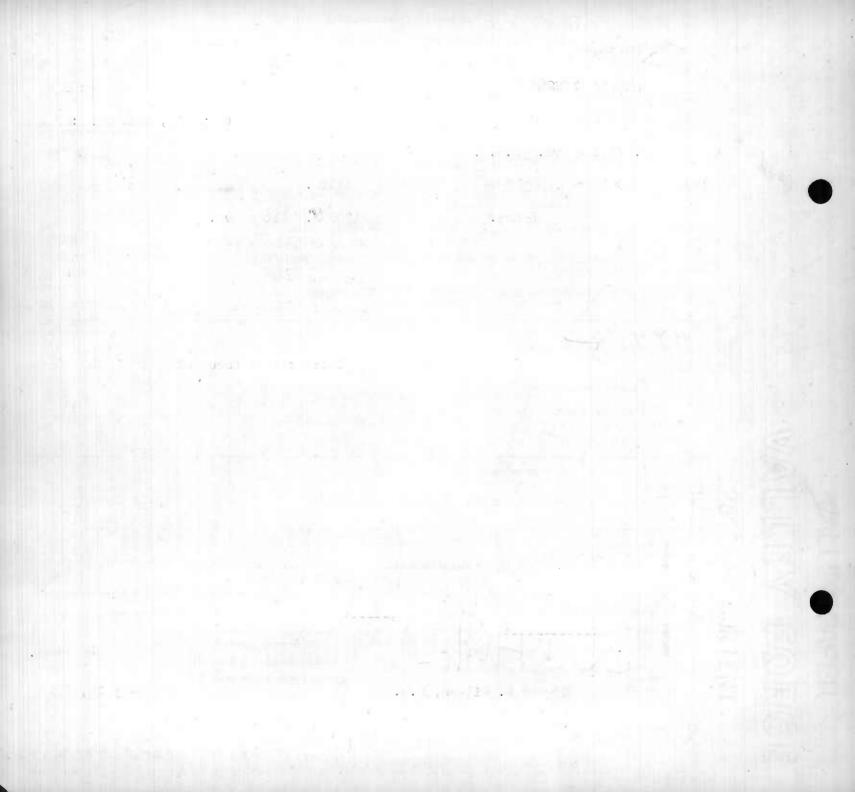
68- 2176 BALTIMORE CITY HEALTH DEPARTMENT

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h	MEDI	CAL	EXAMINER'S	CERTIFICATE	OF DEATH

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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (Ihis does not meen the mode of dying, e.g., heart foliure, eitherine, etc. it means the disease, lingly or complication which coused death.)  ANTECEDENT CAUSES  DISEASE SO R CONDITIONS, js any, giving Rise for lite ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  222. EXTERNAL CAUSE WAS UNDERLYING COR CONTRIB.  DISEASE OR CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  222. EXTERNAL CAUSE WAS UNDERLYING COR CONTRIB.  DISEASE OR CONDITION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  222. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  222. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCUR?  WHILE AT WORK  ASSISTANT MEDICAL EXAMINER ASSISTANT M	(Type or Print)  DENNIS TUGGLE:  4. PLACE IN BALTIMORE, MARYLAND, WHERE PROFILE NAME OF HOSPITAL OR INSTITUTION  1203 N. Milton Ave. D.O  6. SEX  7. RACE  Male  Colored  WIDOWI  9. DATE OF BIRTH  10. AGE (In years lost birihday)  6 mos  11. BIRTHPLACE (State or foreign country)  Maryland  14A. USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even if retired)  16. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no or unknown) (If yes, give wor or dates of service)  19.  USEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g.,		OF DEATH Estimot	ted 2	24	68 4:05 a
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11. BIRTHPLACE (Stole or foreign country)  12. CHIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  Lewis L. Tuqqle	11. BIRTHPLACE (State or foreign country)  Mar y and  14A.USUAL OCCUPATION (Give kind of work)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  19.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH (This does not mean the mode of dying, e.g.,	If Under 1 Yr. If Under 24 Hrs.		ABER		
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Yes, no or unknown)(il yes, give wor or doles of service)   SECURITY NO.   Lewis Toggle   1203 M. Milton Market   1203 M. Mi	(Yes, no or unknown) (If yes, give wor or doles of service)  19.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,			JA VIZ		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heer tolative, solthenic, elicity, estimate, elicity, means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, CIVING BISS TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  TO THE BOATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  222. A STERRAL CAUSE WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  222. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  222. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  222. EXTERNAL CAUSE WAS UNDERLY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  222. EXTERNAL CAUSE WAS UNDERLY NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION FOR THE TOTAL THE TERMINAL DISEASE OR CONTRIBUTION FOR THE TOTAL	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	P 17. SOCIAL SECURITY NO.		_ /		
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OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATUR  EXAMINER'S NAME (Type)  Edward F. Wilson, M.D.  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  February 24, 1968  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  REMOVAL (Specify)  A In all a Replace Reports ATTO Nat. Cemes The Millson Medical Examiner (City, Iown, or county) (State)			205			
Capprox.   I certify that I held on Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion				DID INJURY OCC	UR?	
Certify that I held on Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion	(APPROX)					
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE  ACCIDENT Modicide Undetermined monner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  February 24, 1968  24C. NAME of CEMETERY or CREMATORY  REMOVAL (Specify)  A In ell of Mark To Mark, Cemes To Mark  To		1	<b>№</b> 7			
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ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or county) (Stote)  REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) (Stote)	resulted from Natural courses 4	Accident Suicio				
ASSISTANT MEDICAL EXAMINER EXAMINER EXAMINER SIGNATURES  EXAMINER'S  NAME (Type)  Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  REMOVAL (Specify)  A In elle Removal (Specify)	4	11	CHIEF ME	DICAL EXAMINER		DATE SIGNED
EXAMINER'S NAME (Type)  Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)  A In elle C. MCALTO Nat. Ceme.  The Manual County (Stote)		1018- "	ASSISTANT ME	EDICAL EXAMINER	X	DATE SIGNED
NAME (Type) Edward F. Wilson, M.D. February 24, 1968  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or county) (Stote)  REMOVAL (Specify) 1 / In elle RALTO Nat. Cense. 75 / M. M. C.		M.L		DICAL EYAMINED		
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REMOVAL (Specify) 1/2 / 1/2 / RALTO Not. Com. B. H. Md.			or CREMATORY	24D. LOCATION		
11/1/201 1/2/1/201 1/2010 1/2010	REMOVAL (Specify)				,	
BOVE 01201-0	Burnel 7/28/48		t. Com	T3. 4	MIN	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	F F D D C	BALLO MA			Md.	
EEB 26 1968 OD RO JODAN WM. MARCH 928E. HUTH A	EEB 26 1968 A.C.	0.00	25C. FUNERAL	DIRECTOR	AD	

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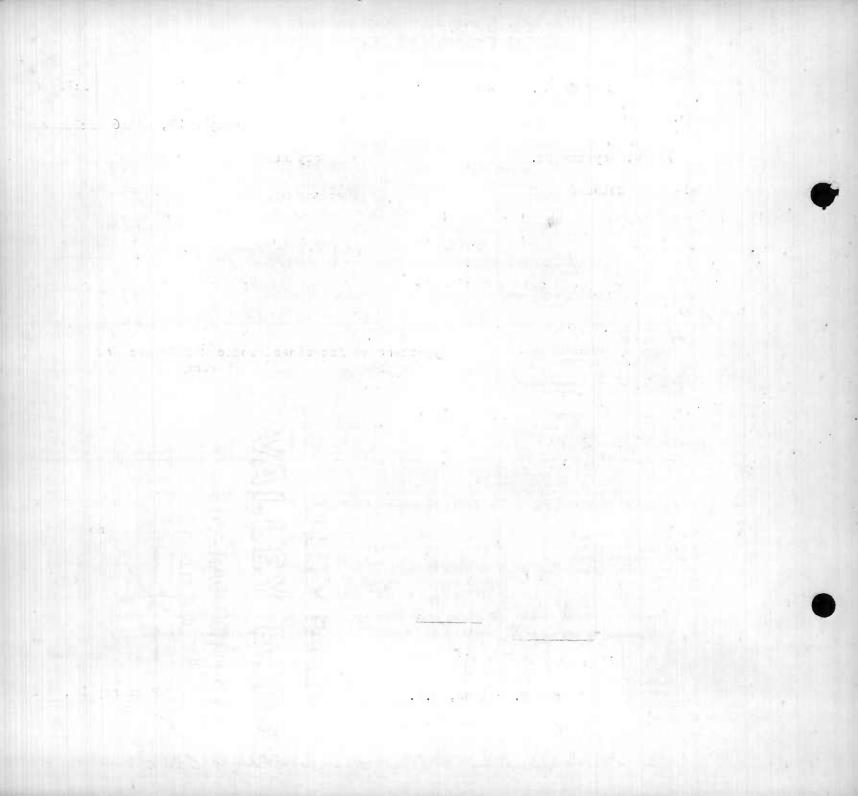


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	68- 2178 BALTIMORE CITY HE	ALTH DEPAR	TMENT			00	1 22 1001	,
-	MEDICAL EXAMINER'S			DEAT	H REG. NO.	66-	2178	). 0
BIR	TH NO.				KEG. NO.			
	NAME OF DECEASED  De or Print)	2. DATE	Known 📉	Month	Day	Year	Hour	
(,,,	ARTHUR J. MOORE	OF DEATH	Estimated	2	23	68	5:25	am.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	NCED DEAD	Month	Doy	Yeor	Hour	
	I. NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOU	NCED DEAD	bruary	23	1968	5.25	2 M.
OR	INSTITUTION		SIDENCE (Where		ved. If institution			ian)
1	741 W. Fayette St.	A. STATE	Maryland		B. COUNTY	and the same	francisco de la constanta de l	
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	TY LIMITS?	Same .	The state of the s
١,		D-14			VE	s 🐷	NO 🗆	
9. [	DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		1 16	2 1351	NO L	
	Ranks Days Haurs Min.	74	wFr		K St			
11.	BIRTHPLACE (State or fareign country)	13. FATHER'S		7011	000			
	BALTOMY WHAT COUNTRY?		Thur 1	Monor	u so.			
144	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY				3.0			
don	eduring most of working life even if retired\	- 10			7			
	KISORDIO GOOD (DIKECTOR)	CMI	CISTINE	) //	03654			
(Y e	WAS DECEASED EVER IN U.S. ARMED FORCES?  [17. SOCIAL SECURITY NO.	18. INFORM	ANI	,	/AL	DRESS	5 4	
/		LONOTH	y NIOD	N8/1	16 N A			
	19. 4/2,0 1 CAUSE OF DEA	TH	/				PROXIMATE INT	
	DISEASE OR CONDITION DIRECTLY Hyperten	sive Ar	terioscle:	rotic	Cardiova	ascula	r	
	LEADING TO DEATH				ease			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQU	JENCE OF:					
	injury ar camplication which caused death.)							
	ANTECEDENT CAUSES							
		AS A CONSEC	UENCE OF:	************				
_	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
o	(C)							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
문	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
RTI	20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	AS PERFORM	ED			121 AUTO	PSY? (Yes ar	r No)
2	A					21. 4010	1311 (	,
A L	22A. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g.,	in an about 20	C WHERE DID (	If to Dolation o	- City - by-		no	
MEDICAL	UNDERLYING OR CONTRIB. home, farm, factory, street, affic			ir in baitima	re City, give exo	er rocorron)		
当	UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED	100	E HOWEID IN	UDV OCC	I smo			
	OF INJURY	WHILE -	PF. HOW DID INJ	UKY OCC	UR?			
	m. WORK AT W	VORK						
	23.		. 1 .	1. 1 - 1.	to do			
	I certify that I held an Inquiry m Ipspection Au		and that an th		_	_		
	resulted from: Natural causes X Accident Suicio				ned manner L			
	ACTUAL SI ALTUS		HIEF MEDICAL E				DATE SIGN	ED
	SIGNATURE M.D	ASSIS	TANT MEDICAL E	XAMINER	探珠			
	EXAMINER'S	ASSO	CIATE MEDICAL E	XAMINER			0/	1000
0.1	NAME (Type) Edward F. Wilson, M.D.	CDELLASE	nv law	064***			y 24,	_
	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	1	24D.	LOCATION	(City, town	, ar county)	(Stote	e)
1	2/21/68 my AUB	JAN	10	new.	may be			
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. F	UNERAL DIRECTO	OR ,	Al	DDRESS		
	FEB 26 1968 P.D. & E. Farbura	man	almed.	Claras	1283	2 Cal	nor S.	1
_	all and a	0	7, ,		2000		00	1

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BALTIMORE CITY HEALTH DEPARTMENT

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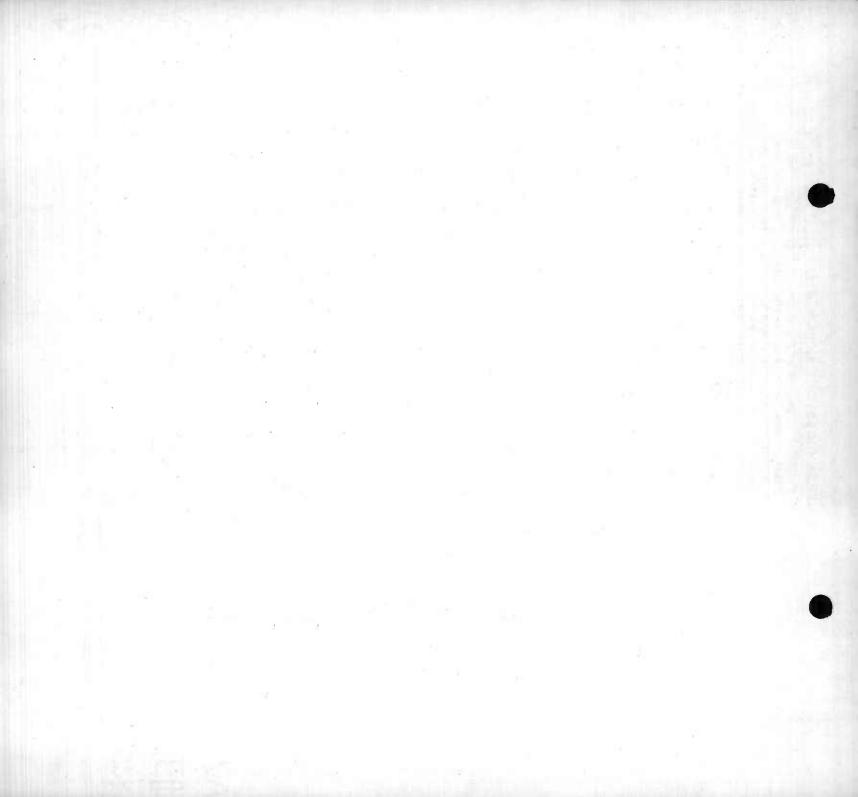
Johns Hopkins Hospile

68- 8	BALTIMORE CITY	HEALTH DEPARTMENT		0100
	CERTIFICA	TE OF DEATH	REG. NO	-68 - 21.80 -
I, NAME OF DECEASED  (Type of Print)  (Type of Print)  (Type of Print)	Westing ton	2. DATE AN	D HOUR OF DEATH	1 2/23/68.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	ACCOUNT OF THE PARTY OF THE PAR	4. USUAL RESIDENCE (When	e deceased lived. If instit	tution: residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE	MTY-LIMITS?
University Hospital Redwood & Greene Sis		E. STREET AND NUMBER	idson Ave	
	RRIED NEVER MARRIED DWED DIVORCED	6/23/22	9. AGE (In years lost birthday)	If Under 1 Yr. , II Under 24 Hrs Aonths Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, Kild done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
1 km Pit ce to	f-Amirly	NC		USi
Ernest Washington	2	Sally?	AE	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	Garmer le	so hunghon	ADDRESS
18., / 30. 0	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 0 1 1-	1 ms	BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CA	use Cerebral Vas	sc insufficie	ney 2 days
(This does not mean the mode of dying, heart laiture, asthenia, etc. It means the dis	sease,	A CONSEQUENCE OF:	1/	
injury or complication which caused death.)		1 1 1/	1	1/4 1
ANTECEDENT CAUSES	OLIVING DUE TO, OR AS	A CONSEQUENCE OF:	mrkæge	10 days
DISEASES OR CONDITIONS, if any, lise to the above cause (A) stating	3, , , , ,		was I	
UNDERLYING CONDITION last,	(c) / Phill	urysm, Ruptu	N C 4	
330X II	TING 1/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH BUT NOT RELATED TO THE THE TERM  OF THE DEATH BUT NOT RELATED TO THE TERM  OF THE DEATH		erronsion		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
12/2/68 WAS PERFORMEN	Respir Distress	No	IN CERTIFING CAUS	ES OF BEATH:
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not Whi			
22. I certify that (I) (this hospital) atten	ded the deceased from	2/17/68	19 to 2	23/68 19
that (I) (we) lost sow the deceased alive	on 2/23/68			on deoth occurred on the dot
ond hour and from the causes stated abo	ove. (I) (We) (did) did not)			
23A. SIGNATURE			2	3B. DATE SIGNED
Fradamah (1826	MINIA STAD	ending Med. Director	Staff Phys.	2/23/68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
NAME (Type)				
	DEGREE 24C. NAME of CEMETERY OF CR		OCATION (City,	town, or county) (State)
BREMOVAL (Specify) 2/28/68	my anhow	R	it mil	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	(1 (2	ADDRESS (4)
FEB 26 1968 (P.D.,	BE tallowa	Man hare A	May 15 630	for grumon st

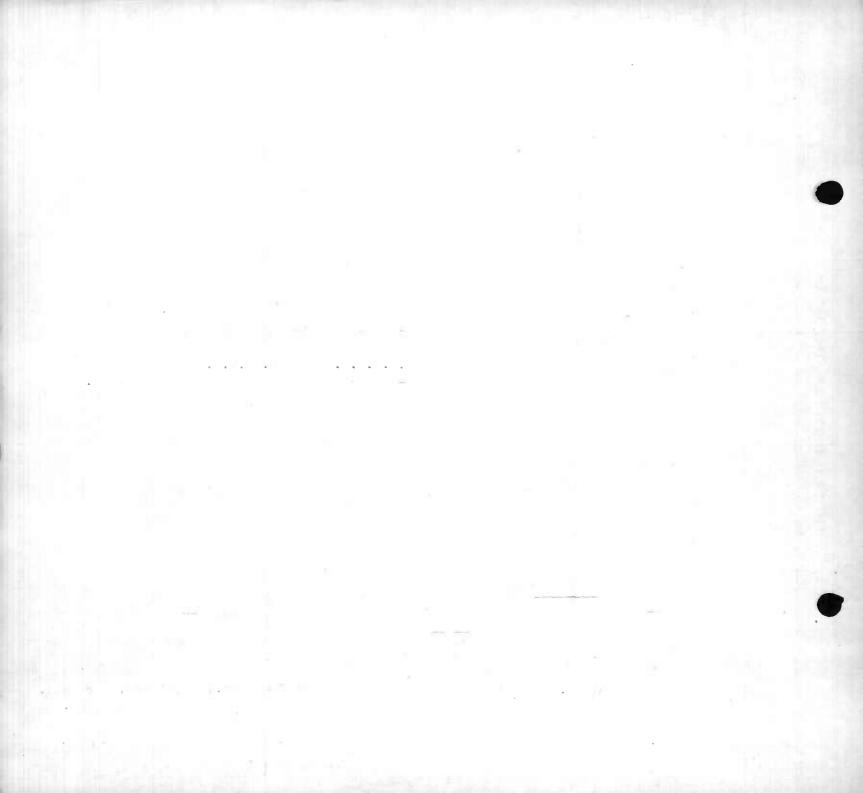
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Robert E. Farlana

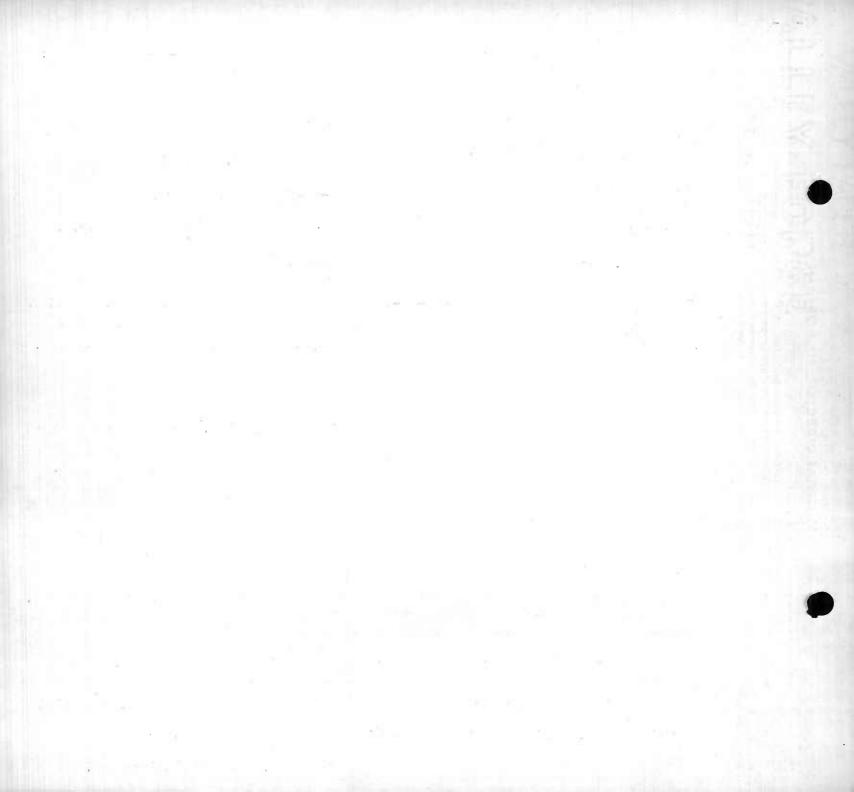
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0-62					HEALTH DEPARTMENT	VA	68- 2181
IRTH NO.	1	68.	218	CERTIFICA	TE OF DEATH	Registered No.	
NAME OF DEC	EASED	00	A J. C	7_8_		AND HOUR OF DEATH	
ype or Print)	r. Harr	y Wade O	rsbur	n	2/:	21/1968	11:50A
PLACE OF DE				1	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before odmissio
FILL NAME OF	NP 415 1	to a section of the	- 414 - 4*	S AND	Maryland	Harfor	
HOSPITAL OR		in hospital or in s or location)	stitution, g	ive street	C. CITY OR TOWN (IF		
NOITUTITZNI					Bel Air		
3	77 . 7 . 2	. Hann			D. STREET ADDRESS	(If rurol, give location)	
Johns	HODKIT	ns Hosp	•		1 Heigh	e Street	
SEX	6. RACE	7. 1	MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male	Whit		arri	, DIVORCED (specify)	7/21/1886	lost birthdoy)	Months Doys Hours Min.
A. USUAL OCC					11. BIRTHPLACE (State or fe	preign country)	12. CITIZEN OF
ne during most of			0	NO. 1 = 3	T M-	loss Fares	WHAT COUNTRY?
		ractor	. Gen	eral	Joppa, Ma		USA
FATHER'S NA					14. MOTHER'S MAIDEN N		
J. Ra	msey O	rsburn			Ella Calh	loun	
. Was Deceased	Ever in U. S.	Armed Forces?	service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	763, give	01 00163 01	20,7100/	218-18-136	Lester H.	Orsburn.Be	1 Air, Maryland
NO IB.	20		-	CAUSE O			INTERVAL BETWEEN
1	SE OF COME	NEON DIRECT	el v		congestive he	eart failure	ONSET AND DEATH
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	ANTECEDEN			(8)	0106 <i>K</i>		1960.
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		ONS, if any, ause (A) sla		(C)			
	G CONDITIO			, -, acones commens	·	00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
433	.0 11						
OTHER SIGN	IFICANT CON	DITIONS CON					
DISEASE OR	CONDITION	CAUSING IT.	10 111				
19A. DATE OF	PERATION	WAS PERFOR		VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
0					No		
21A. ACCIDE	NT WAS UND		21 B.	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
	y medicol exon		etc.)				
21 D. TIME	(Month) (D	oy) (Yeor) (H	lour) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)				le At Not Whil	е		
			Wor				
22. I certify	that (1) (thi	<del>s hospital)</del> at	tended th		1/1//1960	19 to2/	21/1968 19
that (I) (WE)	) lost sow th	e deceosed o	live on	2/8/1968	19and	that in (my) (our) apl	nion death occurred on the c
ond haur on	d from the co	uses stoted	obove. (I	) ( <del>We)</del> ( <del>did)</del> (did nat) v	iew the body ofter deat	h.	
23A. SIGNATI	URE	0					23B. DATE SIGNED
1	1	ROL	1	M.D. Atte	ending Med. Director	Stoff Phy s.	2/23/68.
23C. PHYSICIA	ANS	V Ja	7704				
NAME (		1 Bi Jar	rett	M.D.	11 East Cha	se St., Balt	imore, Maryland.
A BURGET ST		DATE	le : = ::				21202.
REMOVAL		, DATE	24C. NA	ME of CEMETERY or CR	EMATORY 24D	LOCATION (C	City, town, or county) (State
Burial	2/	/24/68	Jer	usalem Chri	stian, Cem.	Joppa Harf	ord Co. Md.
A. DATE REC'D	BY HEALTH	DEPT. 258	NAME C	F REGISTRAR	26COFUNERAL DIRECT	OF 10 1	ADDRESS Pa
LER SI	0 1968 (	Tobert !	2, 50	William Park	Thuneth 1	1 Wishum	, Stewartstown
150-REV. 1/1/	/65						1



	G-300  BALTIMORE CITY HEALTH DEF	D/4 / N/
1.	BIRTH NO.  1. NAME OF DECEASED LAWRENCE GOODE  (Type or Pant)  LAWRENCE GOODE	2. DATE AND HOUR OF DEATH 3308:30PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RE A. STATE	SIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY
H	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTIONS AT IT TMORE CITY HOSPITATS	D. INSIDE CITY LIMITS?
-	PATTIMORE MARVIAND 2122/	ARGYLE AVE., #21201
		3-90   lost birthdoy    Months Doys Hours Min.
do	10A, USUAL OCCUPATION (Give kind of work loss, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLA done during most of working life, even if refired)  Laborer  OHIO	U.S.A.
3		s maiden name a Mae
{Y	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) No 272-20-1745	
	injury or complication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ONE DAY  ICE OF:  TREMIA + DEHYDRATION ONE DAY
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUE	NCE OF:  WE INFARCTION ONE DAY
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A),	FUNGOIDES AYEER
PTIEL	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	OPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
TAI OF	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. home, form, foctory, street, office bldg., INJU	WHERE DID (If in Boltimore City, give exect location) JRY OCCUR?
14	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. While At Work	HOW DID INJURY OCCUR?
		19 F ta 2-23 1968 and that in(my) (our) opinion death accurred an the da
	and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady  23A. SIGNATURE  Attending Phys.	Med. Director Phys. 23B. DATE SIGNED
	DANIEL TARSEY, M.D.  23D. ADDRESS. DEGREE  23D. ADDRESS.	BALTIMORE CITY HOSPITALS 940 EASTERN AVE., BALTO., MD #21224,  240. LOCATION (City, lown, or county) (Stote)
	246. Burial (Specify) Burial 2–28–68  246. NAME of CEMETERY of CREMATORY Arbutus Memorial Park	Baltimore, Maryland
_	FEB 26 1968 Robert E. Farbert Char	eral Director ADDRESS  les R. Law 802 Madison Ave.
V.	VS 150-REV. 1/1/68	



68- 2183 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. 68-BIRTH NO 1. NAME OF DECEASED 2. DATE Known X Hour Manth Day Year (Type or Print) OF Estimoted BERTHRON L. BROWN 23 68 DEATH 10:15 Mp 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day Year PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF February 1968 10.15 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY University Hospital Maryland D. INSIDE CITY LIMITS 6. SEX 7. RACE C. CITY OR TOWN MARRIED NEVER MARRIED WIDOWED [ Male Colored DIVORCED Balto. YES 3 NO 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In years last birthday) Months, Dovs, Hours, Min. 9-28-43 24 1017 N. Aisquith St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? William Holcombe Detroit. Mich. 14A, USUAL OCCUPATION (Give kind of work) 14B, KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of warking life, even if retired) Mamie Brown Laborer 17. SOCIAL SECURITY NO. 219-40-1203 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give wor ar dotes of service) 18. INFORMANT **ADDRESS** Mamie B. Graves APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Craniocerebral injuries (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It meons the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ C OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes ar No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED ਹ yes 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exoct lacation) hame, form, factory, street, affice bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB-11 = 0 UTING CAUSE OF DEATH Preston and Enser Sts
22F. HOW DID INJURY OCCUR? St. 22D. TIME (Manth)
OF INJURY (Year 10 (HOO) WHILE AT NOT WHILE I (APPROX.) 68 11:00p. WORK AT WORK Due to head trauma 23. AutopsyXX Inspection and that an this basis, death in my aplnion I certify that I held an Inquiry Suicide Hamicide XX Undetermined manner resulted from: Natural causes, Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson, M.D. February 23, 1968 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, ar county)

Baltimore, Maryland

802 Madison Ave

**ADDRESS** 

25C. FUNERAL DIRECTOR

Charles R. Law

VS 151-REV. 1/1/68

REMOVAL (Specify)

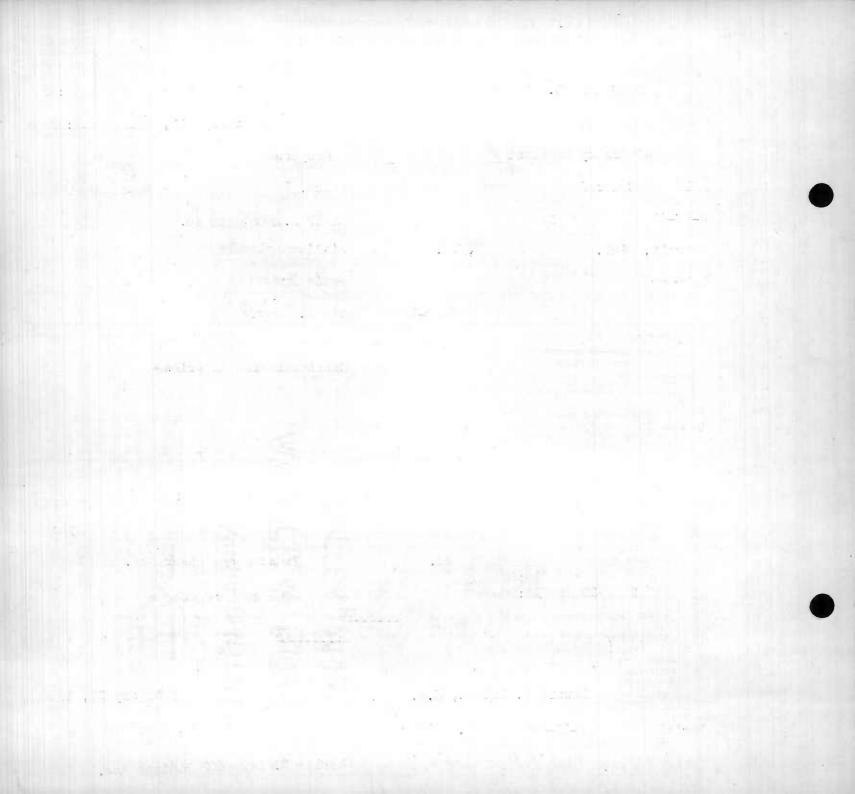
25A, DATE REC'D BY HEALTH DEPT.

Burial

2-27-68

Mt. Calvary

25B. NAME OF REGISTRAR



8-2184	BALTIMORE CITY HEALTH DEPARTMENT
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known X Month Dov Year Hour (Type or Print) OF MAGGIE BURNETT Estimoted ... 24 DEATH 68 3:254. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Dov Hour Year PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL ADDRESS OR LOCATION) Feb OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) COUNTY A. STATE Franklin Square Hospital D.O.A. Maryland 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMIT 6. SEX B. MARRIED NEVER MARRIED Female Colored WIDOWED DIVORCED \_ Balto.

E. STREET AND NUMBER YES NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Jost birthdoy) Months | Doys , Hours | Min. 923 45 1103 Edmondson Ave. 13. FATHER'S NAME 11. BIRTHPLACE (State or Jareian country) 12. CITIZEN OF WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) ough wer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)|(If yes, give wor or dotes of service) ADDRESS 17. SOCIAL B. INFORMANT SECURITY NO. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Hypertensive Arteriosclerotic Cardiovascular DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_\_ THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exoct location) home, lorm, factory, street, office bldg., etc.) INJURY OCCUR? 22A **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Doy)
OF INJURY 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Hour) WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK I certify that I held on Inquiry Autopsy Inspection x and that on this basis, death in my opinion Notural couseXXX Accident Homicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Edward F. Wilson, M.D. NAME (Type) Feb. 25, 1968 24C. NAME of CEMETERY OF CREMANORY 24B. DATE 24A. BURIAL CREMATION. 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS

VS 151-REV. 1/1/6B

1 22-19-1423 Elmery Hery. Toth Carolina Margae Kidney ... Aren mark Bureal Brog All Balto note Combin Balto. 17/6. Elsucha Kinggele MASTER BELLE

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

68- 2185

ADDRESS

VS 150-REV. 1/1/68

NO

Hours

If Under 24 Hrs.

ADDRESS 21221

BETWEEN ONSET AND DEATH

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Boltiprore City, give exact location)

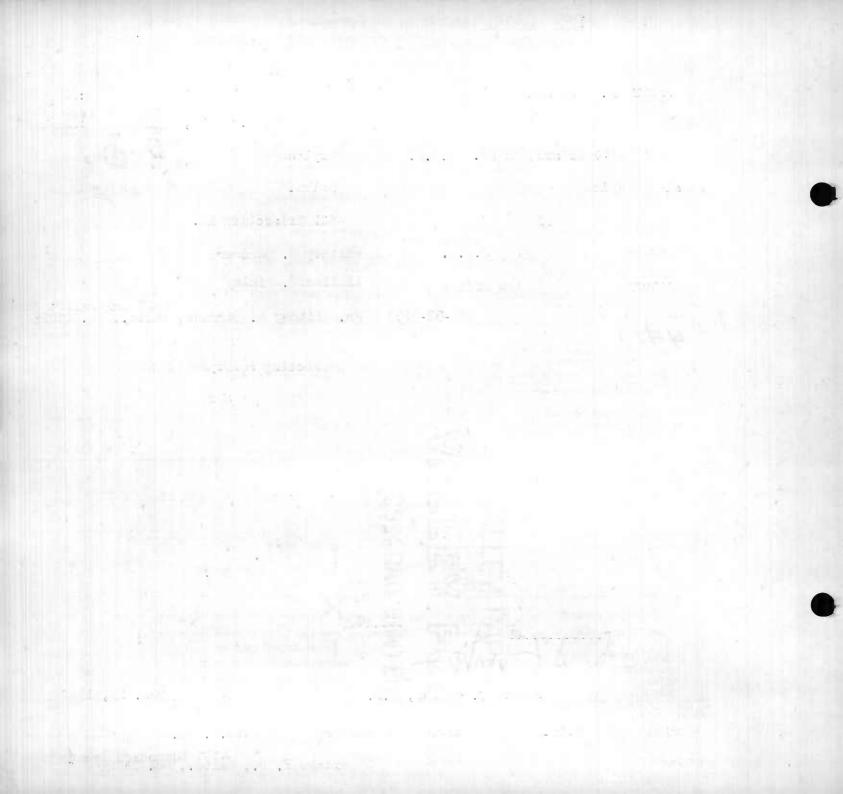
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PPEC BROSINC

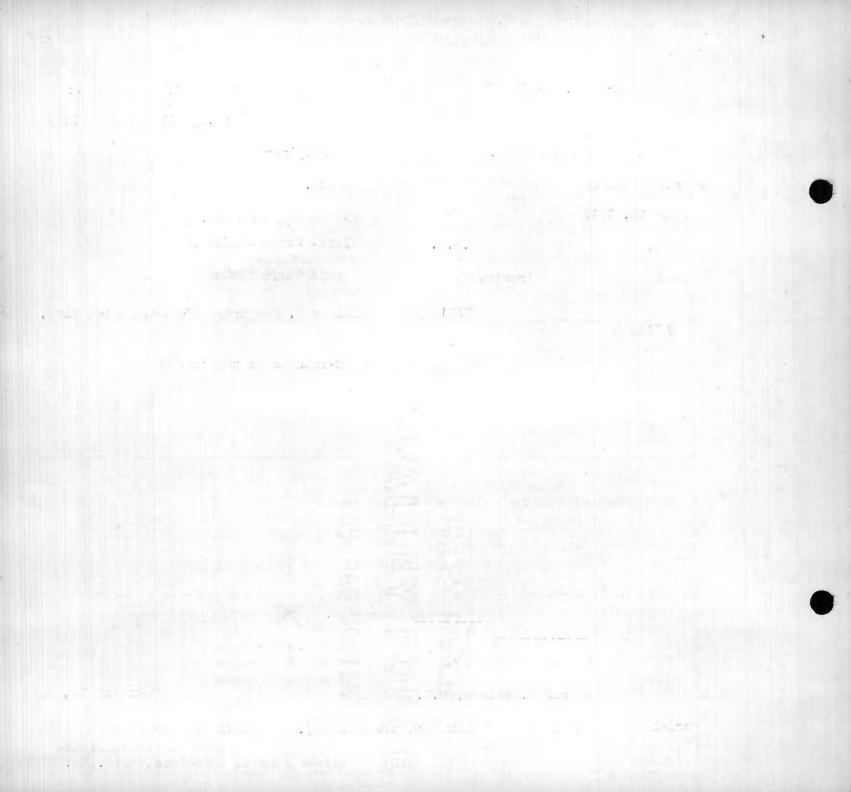
Severe Congestive Heart Acute Myocandial Infanting house Severe Hypertension 41/10 None None Welmer Book M. D. Morey Hospital Balliance Por Werner Beck

	G-635 68- 2186 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 2186	D
	1. NAME OF DECEASED (Type or Print)  2. DATE Known Month Doy Yeor Hour OF DEATH Estimated Death Doy Yeor Hour A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)  2. DATE Known Month Doy Yeor Hour OF DEATH Estimated Death Month Doy Yeor Hour PRONOUNCED DEAD  3. DATE Month Doy Yeor Hour OF DEATH DOY YE	p
•	HOSPITAL OR INSTITUTION  ADDRESS OR LOCATION)  Feb. 24. 1968 8:53  5. USUAL RESIDENCE (Where deceased lived. It institution: residence before admiss A. STATE  Maryland  6. SEX  7. RACE  B. MARRIED   NEVER MARRIED   C. CITY OR TOWN  Female  White  WIDOWED   DIVORCED   Balto.	Sior
	Female White WIDOWED DIVORCED Balto. YES NO PATE OF BIRTH  10. AGE (In yeors lost birthday)  11. BIRTHPLACE(Stote or foreign country)  12. CITIZEN OF  13. FATHER'S NAME	
	Oklahoma  What country? U.S.A.  Whitney S. Gardner  14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Secretary  Law Office  Lillian F. Finlay	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (if yes, give wor or dates of service)  ADDRESS (Yes, no or unknown) (if yes, give wor or dates of service)  SECURITY NO.  18. INFORMANT 4627 Briarclift	t

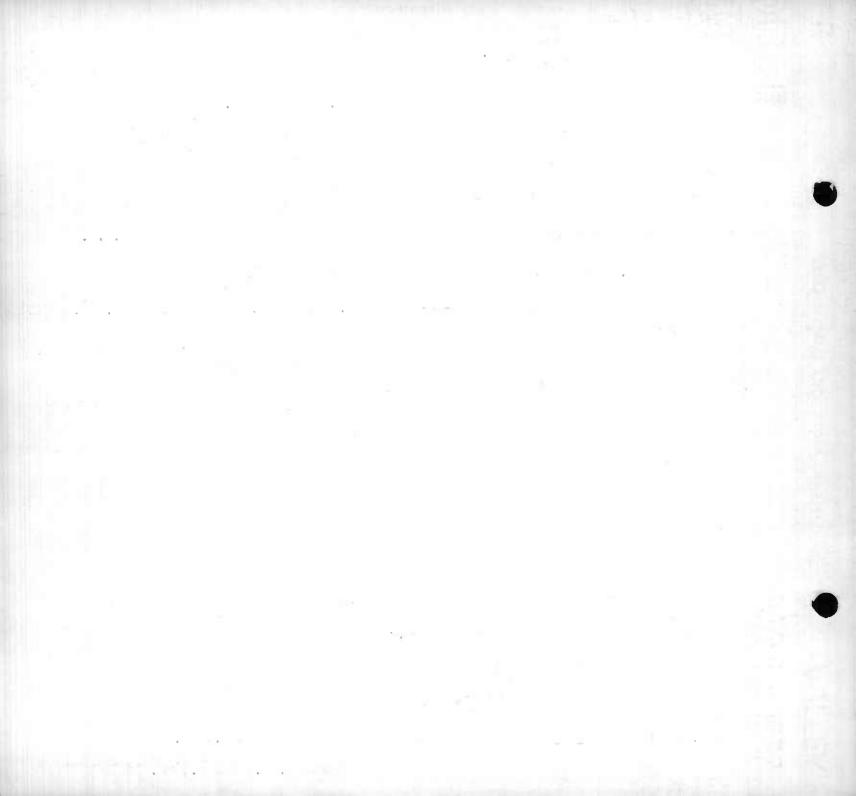
DIKITI ITO:								
1. NAME OF DECEASED (Type or Print)		2. DATE Known A Manth Day	Yeor Hour					
JANET A GARDN	ER VHERE PRONOUNCED DEAD	DEATH Estimoted 2 2/4  3. DATE Month Doy	68 8.53 p M.					
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD						
HOSPITAL ADDRESS OR LOCA	JION)	Feb. 24. 196 5. USUAL RESIDENCE (Where deceased lived. If institution: re						
00 4627 Briand	cliff Rd. D.O.A.	A. STATE Maryland	MOLL					
6. SEX 7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR TOWN	LIAUS?					
Female White	WIDOWED DIVORCED	Balto. YES	Dr No D					
9. DATE OF BIRTH 10. AGE (In lost birthdo	n years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER						
3.		4627 Briarcliff Rd.						
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME						
Oklahoma	WHAT COUNTRY?	Whitney S. Gardner						
14A.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		15. MOTHER'S MAIDEN NAME						
Secretary	Law Office	Lillian F. Finlay						
16. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	of service)   SECURITY NO.	18. INFORMANT	Briarclift Roa					
no	219 <b>-32-</b> 3271	Mr. Whitney S. Gardner, Balt						
441.0	CAUSE OF DEA	ATH	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRE	CTLY							
(This does not mean the mode of dy	(A)IMMEDIATE	CAUSE Dissecting aneurysm of the AS A CONSEQUENCE OF:						
heart failure, asthenia, etc. It means the injury or complication which coused de-	e diseose,							
		aorta	A 1775 U. 15					
DISEASES OR CONDITIONS IF ANY	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	TING THE							
	(C)							
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.								
DISEASE OR CONDITION GIVEN IN P.		VAS PERFORMED 2	I. AUTOPSY? (Yes or No)					
0 2			YES					
22A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g.	, in or about 22C. WHERE DID (If in Baltimore City, give exact I						
UNDERLYING OR CONTRIB-	nome, larm, lociory, sweet, and	no blog., etc.)						
∑ 22D. TIME (Month) (Doy) (Yeo OF INJURY		22F. HOW DID INJURY OCCUR?						
(APPROX.)		T WHILE WORK						
23.		. 🔽						
	0 1 0 -	utopsy X ond that on this bosis, death in my op	inion					
resulted from Notural cou	Adrident Suici							
ACTUAL AND	HILLS	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
SIGNATURE	1 VOID M.	D						
EXAMINER'S NAME (Type)	Edward F. Wilson, M.	ASSOCIATE MEDICAL EXAMINER   Teb	25, 1968					
24 A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, o						
REMOVAL (Specify)	In Tout B	0						
Durial 2-27- 25 A. DATE REC'D BY HEALTH DEPL	PRO NAME AL PROISTRAD	Cemetery Boto Md.	RESS					
EEB 28 1968 (Robert	, 40000	4.707 Ridmonds						
		Witzke F. D., Balto., Md.	21229					



Witzke Funeral Directors, Balto., Md. 2122



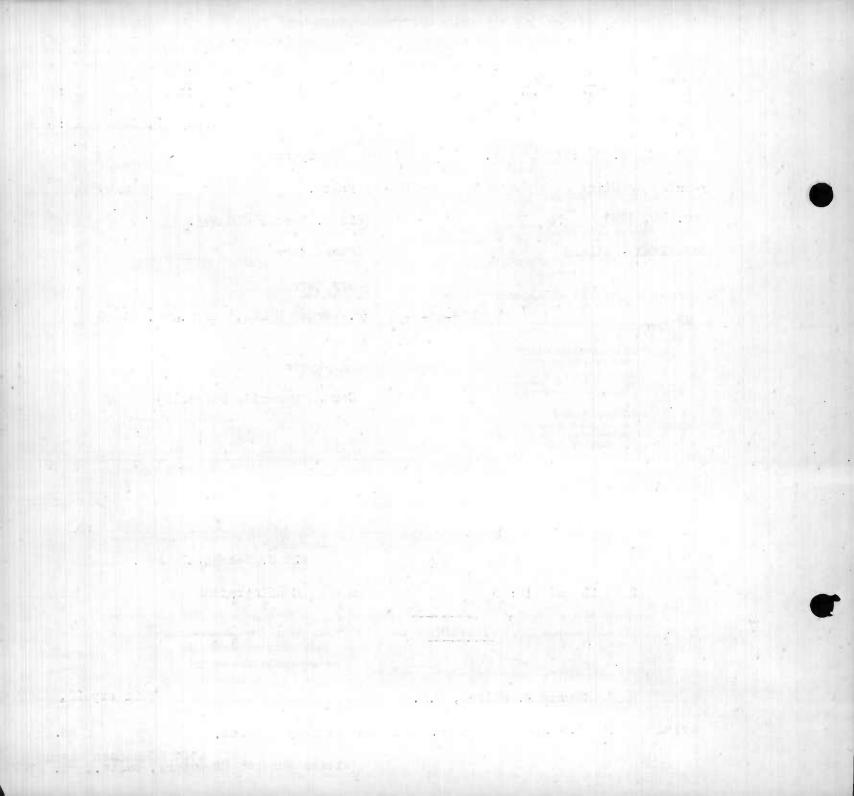
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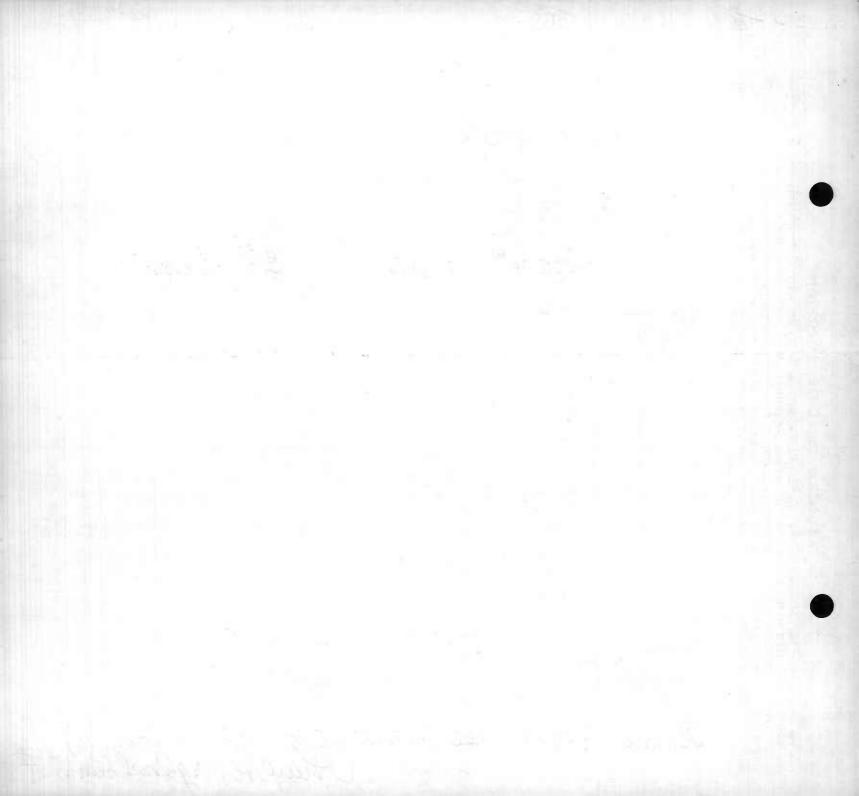
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68- 2189 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 2189
BIRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) HELEN WHALEN	OF DEATH Estimated 2 22 68 10:30 p.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	February 2, 1968 10:30 p
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
OO 629 S. Beechfield Ave.	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY MITS?
1 Chiare Wille	Balto. YES X NO L
9. DATE OF BIRTH  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Mar. 29, 1891  76	629 S. Beechfield Ave.
11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME
SANAKKANA Scotland WHAT COUNTRY?	Edward Kerr
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	Mary Kerr
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	
(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	18. INFORMANT 470 Yale Avenue
no   218-01-0192	Mr. Vernon Welsh, Balto., Md. 21229
19. E 8 9 0 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AUSE Asphyxia
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury ar complication which coused death.)	Combon Monard 1 D 1
	Carbon Monoxide Poisoning
ANTECEDENT CAUSES  (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CC)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	IS PERFORMED 21. AUTOPSY? (Yes or No)
O	21. AUTOFSTY (188 OF NO)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING ★OR CONTRIB. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in ar about 22C. WHERE DID (If in Boltimare City, give exact lacation)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour)   22E, INJURY OCCURRED	629 S. Beechfield Ave.
	22F. HOW DID INJURY OCCUR?
	WHILE
23. 22 68 10:06 WORK L AT W	ORK 🖈   Conflagration
	apsy and that an this basis, death In my apinian
resulted from: Natural gouses Accident & Suicid	e Hamicide Undetermined manner
PIII	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINED &
SIGNATURE A.D. M.D. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
A	
NAME (Type) Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	r CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2-26-68 Balto. Nation	nal Cemetery Balto. Md.
25A DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTRAP	25C. FUNERAL DIRECTOR ADDRESS
FEB 28 1968 R.C. & E. Fallyns	4101 Edmondson Avenue
LED TO 1900 APOND C' ACAD	Witzke Funeral Directors, Balto., Md. 2122
in the party of th	



	BALTIMORE CITY	HEALTH DEPARTMENT	6	18- 2190 ~				
68- 2	2190 CERTIFICA	TE OF DEATH	REG. NO.	O WILDO				
BIRTH NO. 66 - 1660	- O OLKINION		ID HOUR OF DEATH					
	Mc Neighton.		rugry 25, 19	68.12.34				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	100	4. USUAL RESIDENCE (When	re deceased lived, if inst	itution: residence before admission)				
		44	mast 1	12 20				
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C CITY OR TOWN	D INSID	E CITY LIMITS?				
1831101108		Baltimor.		YES NO 🗌				
11) Synal H	Spi	E. STREET AND NUMBER						
40	1	51 Strawba	+ Rd - B	4/timore -21117				
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years last birthday) - 147	If Under 1 Yr. If Under 24 Hrs. Manths! Days Haurs Min.				
F. WIDO	WED DIVORCED	8/19/ 1966.	(18/2 months)	110013				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CHIZEN OF WHAT COUNTRY				
done during most of working tife, even if retired)		Mary and.		454.				
13. FATHER'S NAME	7/	14. MOTHER'S MAIDEN NA						
Robert Indina	n-Majedleton	Galo 81	Pital and	404				
15. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	KAN CHAN	ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	Fmom-	D N					
No		T. reigency	Rean Char					
18.7 4	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		D.1.	Flore	5 hours				
(This does not mean the made of dying,	e.g., CALIMMEDIATE CAU		mary Edana.					
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	heart failure, asthenia, etc. It means the disease,							
ANTECEDENT CAUSES	C 99 hotel Conger 30/							
DISEASES OR CONDITIONS, if any,	(B)	A CONSEQUENCE OF:	4 egp 91364 SC					
rise to the above cause (A) stating								
UNDERLYING CONDITION last.	(c)							
2 75 4 ,5 II	TINIC							
O OTHER STUDIES ON CONTRIBUTIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM    DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIL	NDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		Yes	IN CERTIFYING CAUS	SES OF DEATH?				
	218. PLACE OF INJURY (e.g.,	or about 21 C. WHERE DID	(If In Boltimare	City, give exact location)				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, af etc.)	nce biag., INJURI OCCUR!						
Q 21D.TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
S OF INJURY (APPROX.)	While At C Not While							
	Work L Al Work			party 1				
22. I certify that (1) (this haspital) atten	ded the deceased from	734 am	196 <u>%</u> ta	Feb 25 1968				
that (1) (we) last saw the deceased alive			at in (my) (aur) aplni	an death accurred an the dat				
and haur and fram the causes stated aba	ve. (1) (We) (did) (did nat) v	lew the bady after death.						
23A. SIGNATURE	25			23B. DATE SIGNED				
J. Mey gelle	DEGREE Phys	nding Med. Director	Staff Phys.	2/25/468				
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1-1	B. Hi.				
I Meyer Heller	M. D. DEGREE	sina, Ho	spital of	recommende				
24A. BURIAL CREMATION 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 1 24D. L	OCATION (City	Jown, or county) (State)				
Busial 2/24/29	Head Mother	Mat Can III	1001ring 7	min al. t.				
25A. DATE REC'D BY HEALTH DEPT 25B. NA	AME OF REGISTRAR	250. FUNERAL DIRECTOR	The state of the s	ADDRESS 2024				
FEB 26 1968 (P.O.	& E Jankey MA	Hillin 1	UN11571/0	us hours of				
VS 150-REV. 1/1/68		July 1	Turing was					



D3 60	CERTIFICATE OF DEATHS MARRIANS, ANGELINE 70
and sath the the	1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH 12-205. 30
S e d e	(Type or Print) ANGELINE DENTALTINO DRITONATIO SIP 1 -AM.
of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE Windows drived. It in Stution: residence before odmission)
S e e	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET WAS TO THE INSTITUTION, GIVE STREET OF TOWN INSTITUTION OF THE INSTITUTION OF
	HOSPITAL OR ADDRESS OR LOGATION D. INSIDE CITYLIMITS?  PACTO CITY YES NO
l in a ng cause; cause; ior to	E. STREET AND NUMBER
0:= -	213 D. EXETER SI.
occurre ontribut ermined regular	5. SEX   6. RACE   7. MARKED   B. DATE OF BIRTH   9. AGE (In years 70 Months Doys Hours Min.
occountries and a second	WIDOWED DIVORCED 12 2 4 4 1 12 12 12 12 12 12 12 12 12 12 12 12 1
in co	done studing most of working lite, even if retired)  U.S.A.
dea Ound	13. FATHER'S NAME
the the	done during most of working life, even if relired)  U.S.A.  U.S.A.  U.S.A.  U.S.A.  U.S.A.  U.S.A.  14. MOTHER'S MAIDEN NAME  W. H. L.D.A  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT  ADDRESS
Z tip pt 5	
TAN istan he d he d kind; deat ce o	SECURITY NO.  Mrs. Mary Flamini Daughter, 213 S. Exeter St.
IMPORT or his assist Also, if the of any ki ounced do	18. 250, 9   CAUSE OF DEATH BETWEEN ONSET AND DEATH
MP his lso, of a uncertence	DISEASE OR CONDITION DIRECTLY
Als Als	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
R:	heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)
TO min min ho	ANTECEDENT CAUSES
N P P P P P P P P P P P P P P P P P P P	DISEASES OR CONDITIONS, if any, giving DUEITO, OR AS A CONSEQUENCE OF:
A4 MM = E	
0	UNDERLYING CONDITION last. (C) VOLUME (C) VOLUME (C)
A Fogfe	P   Z TO THE DEATH BUT NOT RELATED TO THE TERMINAL
W .o _ T o	DISEASE OR CONDITION GIVEN IN PART I (A).  199A. DATE OF OPERATION WAS PERFORMED  200A. AUTOPSY? (Yes of No.) 2018. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 4 5 8 4 4 8 4 4 8 4 4 8 4 4 8 4 4 8 4 8	
FU the alby	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOT CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOT COUR?
bed at to (6)	While At Not While
	22. I certify that W (this haspital) attended the deceased from 2-8-68 19 to 2-24-68 19
4 5 5	that HT (we) lost saw the deceased alive on 2-24-68 19 and that in (my) (our) opinion death occurred on the date
be a to the point of the point of arth)	ond bour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.
ust be a dent of dent of tospital	ond bour and from the couses stoted obove. (If (We) (did) (did not) view the body ofter deoth.  23A, SIGNATURE  Attending Med. Staff M
9 5 5 5	23D. ADDRESS 23D. ADDRESS
W. W.	DEGREE Phys. Director
S X S S	Buffial Feb. 27/68 Gardensof Faith Cem. Trimp's Mill Rd near Keenwood Av 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C PUNERAL DIRECTOR 322S. High Rest.
This hover was	FEB 26 1968 P. O. of E. Stanker Charle & D. a livee 3223. Might

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/6B

Acide Missour I'm Afterwaren the Pen 20 Commer GF FIE - FI farmes Witeller John Hage. Magnet

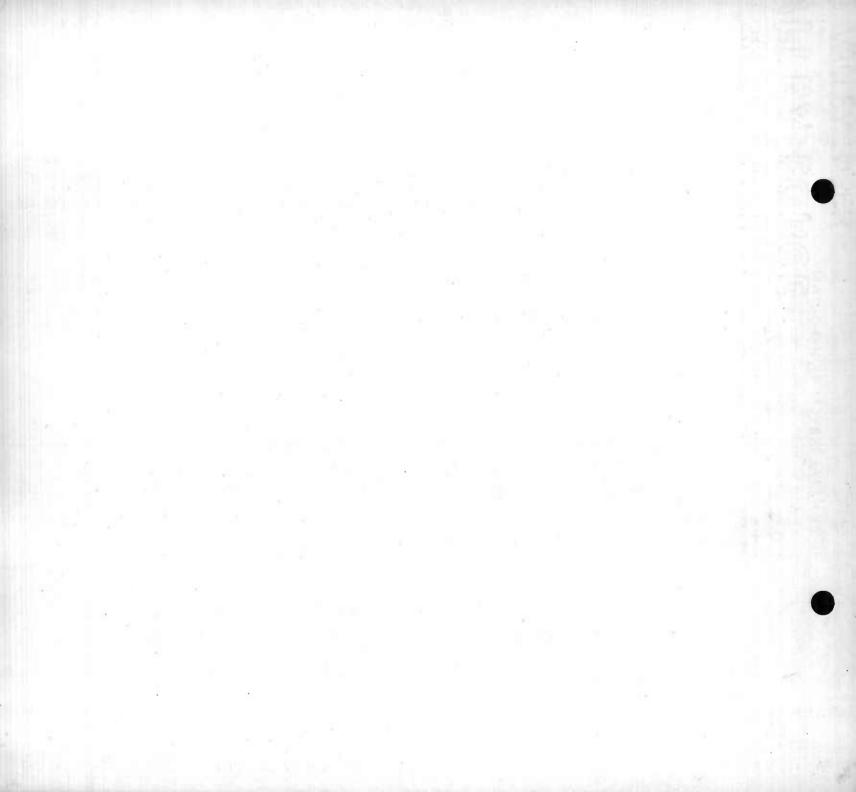
shows: (1) An accident of any nature; (2) Body burns;

was D.O.

VS 150-REV. 1/1/6B

1. NAME OF DECEASED (Type or Print)  #ARRY SAIERS  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  MILL MAN	2. DATE AND HOUR OF DEATH  FEB. 27 1968 4:50 P.  4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admiss a, STATE B, COUNTY  D. INSIDE CITY LIMITS?  BALT; MORE  E. STREET AND NUMBER  B. ELLWOOD AVE.  B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hours Min 2-2-13  STATE  1. SO P.  1. SO P.  1. WORLD AVE.
#ARRY SAIERS  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  CHURCH HOME AND HOSPITAL  CHURCH HOME AND HOSPITAL  S. SEX  6. RACE  WIDOWED  WIDOWED  DIVORCED  HOLE WHITE  HOLE WHITE  HOLE WHOW DIVORCED  HOLE WHO	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admiss A, STATE B, COUNTY  A, STATE B, COUNTY  A, STATE B, COUNTY  C. CITY OR TOWN  BALT; MORE  E. STREET AND NUMBER  S S. ELLWOOD AVE.  B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hours Min 2 - 2 - 13  STATE  1. If Under 24 Hours Min 2 - 2 - 13
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  SEX  6. RACE  MALE  WHITE  WIDOWED  DIVORCED  100. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 10B of working life, even if relired)	A. STATE  B. COUNTY  A. STATE  B. COUNTY  C. CITY OR TOWN  BALT; MORE  E. STREET AND NUMBER  B. ELLWOOD  AVE.  B. DATE OF BIRTH  2-2-/3  19. AGE (In years If Under 1 Yr. If Under 24 Hours Minus Minu
HOSPITAL OR NOTITUTION  CHURCH HOME AND HOSPITAL  SEX  6. RACE  MALE  WHITE  WIDOWED  DIVORCED  OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if refired)	C. CITY OR TOWN  BALT; MORE  E. STREET AND NUMBER  B. ELLWOOD  D. INSIDE CITY LIMITS?  YES V  NO   E. STREET AND NUMBER  B. ELLWOOD  AVE.  B. DATE OF BIRTH  9. AGE (In years   1f Under 1 Yr.   1f Under 24   1 Hours
CHURCH HOME AND HOSPITAL  SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED ON USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if refired)	E. STREET AND NUMBER  8 S. ELLWOOD AVE.  B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hours Min 2 - 2 - 13  54
SEX  6. RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED  OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	B. DATE OF BIRTH  9. AGE (In years lost birthday)  2-2-13  9. AGE (In years Months Days Hours Min Soys Min
MALE WHITE WIDOWED DIVORCED DI	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hours Min 2 - 2 - / 3  54
.0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	2-2-13 54
OA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	
MILLMAN	
3. FATHER'S NAME	PENNSYLVANIA U.S.A.
	14. MOTHER'S MAIDEN NAME
LAWRENCE SAIERS	BERTNA ROMGEAR
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 3. S. GLLWOO
228-09-7240	
rise to the obave couse (A) stating the UNDERLYING CONDITION last.  (C)  OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	MONARY EMPTYSEMS
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	in ar obout 21 C. WHERE DID (If in Boltimare City, give exact lacation)  office bldg., INJURY OCCUR?
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Month At Work	
22. 1 certify that (1) (this haspital) attended the deceased from	Felg. 10 19 68 to Feb. 22 1968
that (1) (we) last saw the deceased alive an Feb. W	19 G8 and that In(my) (aur) aplaion death occurred on the
and haur and fram the causes stated abave. (1) (We) (did) (dld nat) v	
and had had had he cades stated abuve. (i) (iie) (aid) (aid hat) (	238, DATE SIGNED
23A. SIGNATURE	
23A. SIGNATURE L'Orazon 2. Vergara MD. Athe	ending Med. Staff M Phys. 92. 23 1968
23A. SIGNATURE  Worazon 2. Vergana MD.  DEGREE Phy  23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
23A. SIGNATURE  LOVAZON 2. VERGARA  DEGREE  Phy  COLAZON Z. VERGARA  DEGREE	23D. ADDRESS Church Home of Horpital, 100 N. Brandw
23A. SIGNATURE  LOTAZON 2. VERGARA  DEGREE  AMB (Type)  CORAZON Z. VERGARA  DEGREE	23D. ADDRESS Church Home Horpital 100 N. Brandw  EMATORY 24D. LOCATION (City, town, or county) (Stot

BALTIMORE CITY HEALTH DEPARTMENT



K1215

BALTIMORE CITY HEALTH DEPARTMENT

	NTIL N. O.	00-	WED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	68-	2194
	NAME OF DE	CEASED				2. DATE	Known X	Month	Doy	Yeor	Hour
(Ту	pe or Print)			NOUT		OF	Eslimoted	2	21	68	4:15 am
1			KOPCZY		NOUNCED DEAD	3. DATE	Estimoleg [	Month	Dov	Yeor	Hour Hour
II	LL NAME OF				UTION, GIVE STREET		UNCED DEAD	_			
HC	SPITAL	ADDRE	SS OR LOCA	IION)		6 DELIAL F	ESIDENCE (When	Februa		1968	4:15 a M
	3					A. STATE	ESIDENCE (When	e deceosed II	B. COUNTY	residence t	etore odmission)
-		rch Hom	e and	Hospi	cal D.O.A.		aryland			-	0
6.	SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?	
	Male	White		WIDOWE	DIVORCED	Ba	lto.		YE:	s K	NO 🗌
9.	DATE OF BIRT		10. AGE (In		f Under 1 Yr. If Under 24 Hrs Nonths   Doys   Hours   Min	E. STREET	AND NUMBER				
Δ	ug. 7, 1	022	lost birthdo	') ^	nonins Doys   nours   Min		2010 S. R.	ohinso	n St.		
	BIRTHPLACE (			1	2. CITIZEN OF	13. FATHER		OPINSO	n be.		
	Mossi	Tand			WHAT COUNTRY?	1.7 - 7	ton Von		le A		
14/	TISHAL OCCI	yland	kind of work	AR KIND	U.S.A. DE BUSINESS OR INDUST	RV15 MOTH	ter Kop	czyns.	<u>K1</u>		
dor	e during most of	working life, eve	en if retired)								
-	Bak		I C A DALED	FORGECO	INT. COCIAL		ephine	Marci		DRESS	
	WAS DECEAS	) (If yes, give w			17. SOCIAL SECURITY NO.	18. INFOR	MANI		AD	DKESS	
_	Yes	WW-2				Mary	Bognann	1 121	S. Rob	inson	
	19. 57	1.01			CAUSE OF DE	ATH					PROXIMATE INTERVAL
	DISEAS	SE OR COND	ITION DIREC	CTLY							
		LEADING TO			ANIMMEDIATE	CAUSE A1	coholic c	irrhos	is		
	(This does	not meon the e, osthenio, etc.	mode of dy	ing, e.g.,	DUE TO, OF	AS A CONSE	QUENCE OF:				
	injury or co	mplication which	th coused dec	oth.)							
Н		OR CONDITION		GIVING	(B)	R AS A CONSE	QUENCE OF:				
	RISE TO TH	E ABOVE CAL	JSE (A) STAT	ING THE							
Z		NG CONDITI	ON LASI.		(c)						
II은	581.	1	11								
l S	OTHER SIGI	NIFICANT CON									
三	DISEASE O	RCONDITION	GIVEN IN PA	ART 1 (A).							
CERTIFICATION	20A. DATE O	F OPERATION	20B. CON	IDITION F	OR WHICH OPERATION V	WAS PERFOR	WED			21. AUTO	PSY? (Yes or No)
1º.	12		13.0							Pa:	rtial
Ĭ₹	22A. EXTER	NAL CAUSE			2B. PLACE OF INJURY (e.g.			(If in Boltimo	ore City, give exo	t location)	
ă	UNDERLYING	G OR CON		h	ome, form, foctory, street, of	rice bldg., etc.)	INJURY OCCUR?				
MEDIC	22D. TIME		oy) (Yeor	) (Hour)	22E.INJURY OCCURRED	,	22F. HOW DID IN	JURY OCC	UR?		
	(APPROX.)					OT WHILE					
	23.			r	n. WORK L. AT	WORK L					
		tify that I he	eld on I	nquiry [	Inspection P A	utopsy X	and that an	this basis	death in my	nninian	
									_	7	
	resu	ted from: W	otural oau	seary /	Accident L Suic	ide 📙 H	omicide 🔲		Ined monner L	_	
	ACTUAL	4	1	1	11/10		CHIEF MEDICAL				DATE SIGNED
	SIGNAT	0/9		0	M	.D. ASS	ISTANT MEDICAL	EXAMINER	LXI		
1	EXAMIN	VER'S				ASS	OCIATE MEDICAL	EXAMINER			
ш	NAME (		ard F.	Wils	on, M.D.					ary 2	
	A. BURIAL CRE		4B. DATE		24C. NAME of CEMETER	Y or CREMAT	ORY 24D	LOCATION	(City, town	, or county	) (Stote)
	Burial	,	2-24-	68	Holy Posser	· Camal	D	07+4-	one Ma		
_	A. DATE REC'E	BY HEALTH I			Holy Rosary	25C.	FUNERAL DIRECT	altim	ore, Md	DRESS	
-		FFR 9 F	1968	00	BE. Lawrey M.	A					
1		I FO P	1500	MACH	W W	В.	Dabrow	ski 2	818 E.	Balt:	imore St
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VS 150-REV. 1/1/6B

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BALTIMORE CITY HEALTH DEPARTMENT

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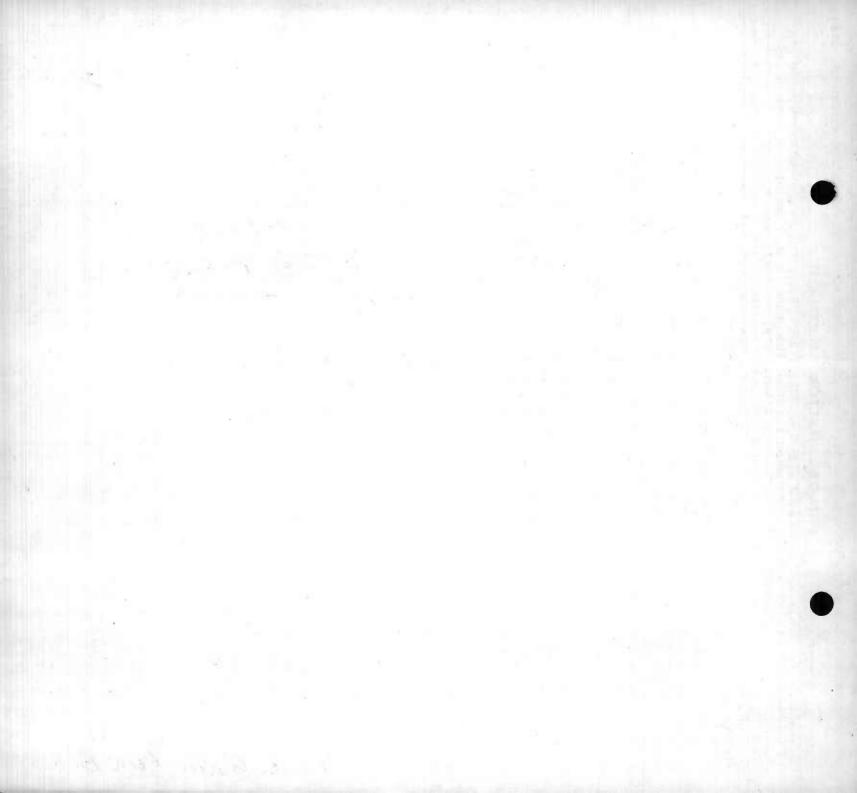
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5. 5	EX	6. RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.		
	1	60604	WIDO	WED DIVORCED	!	65 ?			
		UPATION (Give working tife, eve		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	RETO.	Domes		ER	VA.		USA		
13.	FATHER'S NA				14. MOTHER'S MAID	EN NAME			
	NEL	SON	110 13 13 5		SAR	AH			
15. (Ye:	Wos Deceosed s, no or unknown	Ever in U.S.	Armed Forces? war of dotes of serv	214-20-500	GLADYS	BANKS, NIL	SCE, St. 21230.		
-	18.013	,0 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR COND	DEATH	(A) IMMEDIATE CAL	ISE Cerebro V	insular Ocean	Lents		
	heart failure,	asthenia, etc	made of dying, . It means the disc ch coused deoth.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	? TB mening	siliz		
		ANTECEDENT			d'amont je	Central resper	inter		
	100			ving DUE TO, OR AS	A CONSEQUENCE OF	central suffer	7		
	rise to th	e abave co	ouse (A) stating	1 -1					
10	UNDERLYIN	G CONDITIO	N last.	(c)			,,		
ATION	TO THE DEA	TH BUT NOT RE	TIONS CONTRIBUTI						
CERTIFICAT	19A. DATE OF OPERATION 19B. CONDITION FO			FOR WHICH OPERATION	20 A. AUTOPSY? (YES	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CAL CE	OR CONTRIBUTING CAUSE OF			21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE ffice bldg., INJURY OC	DID (If in Baltimor	re City, give exocl location)		
ED	21 D. TIME	(Month) (D	oy) (Yeor) (Hour)	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
×	OF INJURY (APPROX.)	1000		While At Not While Not Work					
	22. I certify	that (i) (thi	s haspital) attend	led the deceased fram 2	7/68	19ta	2/168 19		
	that (I) (we) last saw the deceased alive an								
	and have and from the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.								
	23A. SIGNAT	URE					23B, DATE SIGNED		
		P	on con	Dh.	ending Med.	Staff Phys.	2-21-65		
	23C. PHYSICIA	AN'S	an orr	DEGREE	23D. ADDRESS	r — riiys. —			
	NAME I	Type) Ro	delio	M. LIM DEGREE		CHH			
24/	Surial CRE REMOVAL Sur		2/24/18 24	C. NAME of GEMETERY OF CR	EMATORY	24D. LOCATION IC	ity, town, or county) (Stote)		
257	A. DATE REC'E		DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DI	RECTOR	ADDRESS		
	F	EB 26	1968 066	m E , dansal	Charle	es Wice 6	61W Barrest		
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SERVICE SECTION THE RESERVE TO A STREET THE PARTY OF THE PAR

VS 150-REV. 1/1768



- 19					
DID	0-424 68-	2198 CERTIFICA	TE OF DEATH	REG. NO	68- 2198
	RTH NO.  NAME OF DECEASED.  1   2, DATE AND HOUR OF DEATH				
	Per Ruth (Bailey) Block Webl 2/23/68 6:4M				
3. P	PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE When	e deceased lived. If	institution residence before admi
FUI	LL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Md		- Q1
HO	SPITAL OR ADDRESS OR LOCATION)	1,	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
9	Lincoln Nurs	ing Home	Ballimore	2)	YES YO NO
	0,000	0	832 Tes	sier s	st.
5. <b>S</b>	EX 6. RACE 7. MA	ARRIED NEVER MARRIED	1 10-	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours N
		OWED DIVORCED	3/11/11/	70	
IOA.	USUAL OCCUPATION (Give find of work 10B, Ke during most of working life, even if relired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COU
done	Tinkn oun				U.S.A
13. (	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	lin Ka man		7, 10		
15. \	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	nown	ADDRESS
(Yes	,no or unknown) (If yes, give wor or dates of s	214-50-113	Mr85Kenay	orge ackyel	1
	18. 43	CAUSE OF DEATH		THE PERSON	APPROXIMATE INTER
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH				
	(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It meons the disease,				
			A CONSEQUENCE OF:		
		isease,	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the d	isease,	A CONSEQUENCE OF:		
	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony,	(B)giving DUE TO, OR AS	A CONSEQUENCE OF:		
	heort failure, osthenio, etc. It meons the d injury or complication which caused death ANTECEDENT CAUSES	giving DUE TO, OR AS			
	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stolin UNDERLYING CONDITION lost.	(B)giving DUE TO, OR AS			
NC	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) station UNDERLYING CONDITION last.  3 3 / X     OTHER SIGNIFICANT CONDITIONS CONTRIBUTED	giving DUE TO, OR AS (C)			
ATION	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) station UNDERLYING CONDITION lost.  3 3 / X   I   OTHER SIGNIFICANT CONDITIONS CONTRIBUT OF THE DEATH BUT NOT RELATED TO THE TER	giving (B)			
TIFICATION	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stotin UNDERLYING CONDITION lost.  3 3 / X   I   OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION OF THE DISEASE OR CONDITION GIVEN IN PART 1 (A)	giving DUE TO, OR AS OF THE COLUMN (C)		20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stotin UNDERLYING CONDITION lost.  3 3 / X   I   OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION   19B. CONDITION WAS PERFORME	giving DUE TO, OR AS OF THE COLOR OF T	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	AUSES OF DEATH?
AL CERTIFICATION	heort failure, asthenia, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) station UNDERLYING CONDITION lost.  3 3 / X     OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FART 1 (A) 19 A. DATE OF OPERATION 198. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	giving (B)  giving DUE TO, OR AS (C)  UTING MINAL (C)  N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stolin UNDERLYING CONDITION lost.  3 3 / X     OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TEST DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving DUE TO, OR AS or the (C)	20A. AUTOPSY? (Yes or No	(If in Boltim	AUSES OF DEATH?
CAL	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stotin UNDERLYING CONDITION lost.  3 3   X   II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hou	giving DUE TO, OR AS  giving DUE TO, OR AS  giving CO	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID fince bldg., INJURY OCCUR?	(If in Boltim	AUSES OF DEATH?
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MEDICAL	heort failure, osthenio, etc. It means the dinjury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stotin UNDERLYING CONDITION lost.  3 3   X   II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hou	giving DUE TO, OR AS DUE TO, OR AS OF THE COLOR OF THE CO	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
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	TH NO. NAME OF DEC		Brick	LEARL BRIC	TE OF DEATH	and Hour of Death	2-21-68 , 4:1:	5PM
FL	PLACE IN BAL	TIMORE, MARYLAND, V	TAL OR INSTITU		4. USUAL RESIDENCE (VA. STATE 8. CO	Where deceased lived. If	institution: residence before admis	sion)
3	BA 49	LTIMORE CITY 040 EASTERN A	VENUE		BALTIMORE  E. STREET AND NUMBE		YES NO NO	
-	BA SEX	LTIMORE, MAR			1800 N. DU	9. AGE (In years	21216   If Under 1 Yr. , If Under 24	Hrs.
"	MAIE	NEGRO	7- MARRIED WIDOWED	NEVER MARRIED X	9-1-30	lost birthdoy)	Manths Doys Hours M	
	LUSUAL OCC	UPATION (Give kind of wor			11. 8IRTHPLACE (Stole or		12. CITIZEN OF WHAT COU	NTRY?
doi	ne during most of	working lile, even if retired)			NORTH CAROLI	NA	U.S.A.	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
		GEORGE			NAHALE			
15. (Ye	Was Deceased s, no or unknown	Ever in U. S. Armed Fo (If yes, give wor or dot	es of service)	16. SOCIAL SECURITY NO. 239-44-5409	RECORDS: BAL	TIMORE CITY H O EASTERN AVI	HOSPITALS ENUE BALTO, MD. 212	24
the remains are emp	DISEASES (ise to the UNDERLYIN)  353./ OTHER SIGNIII TO THE DEADISEASE OR CO	ANTECEDENT CAUSE: OR CONDITIONS, if e obave cause (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA	any, giving stating the CONTRIBUTING THE TERMINAL RT 1 (A).	(c)	ACONSEQUENCE OF: DAVING TO STATE OF STA	Incluming Trans Mal	Solyme - Sol	
CERTIFIC	21 A. ACCIDE	NT WAS UNDERLYING		PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If In Baltim	ES nore City, give exact location)	
U	OK CONTRIBI	medical examiner	etc.)	e, torm, tocioty, silees, or	ince orage, insort occor			
NEDICAL C		(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?		
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO T

Hours

BETWEEN ONSET AND DEATH

19 68

ADDRESS

Days

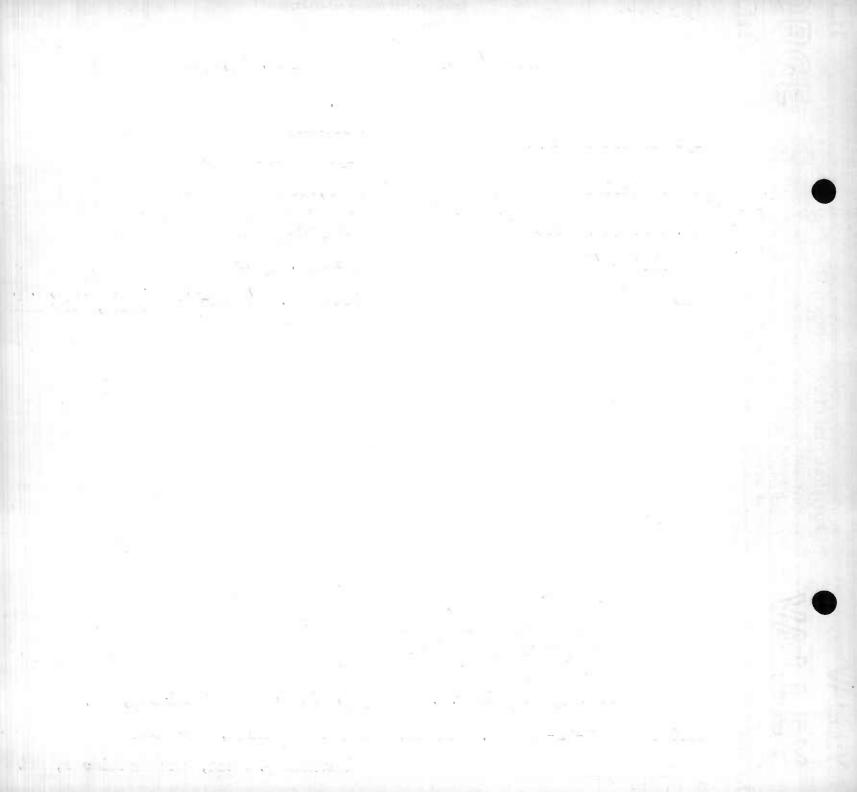
If Under 24 Hrs.

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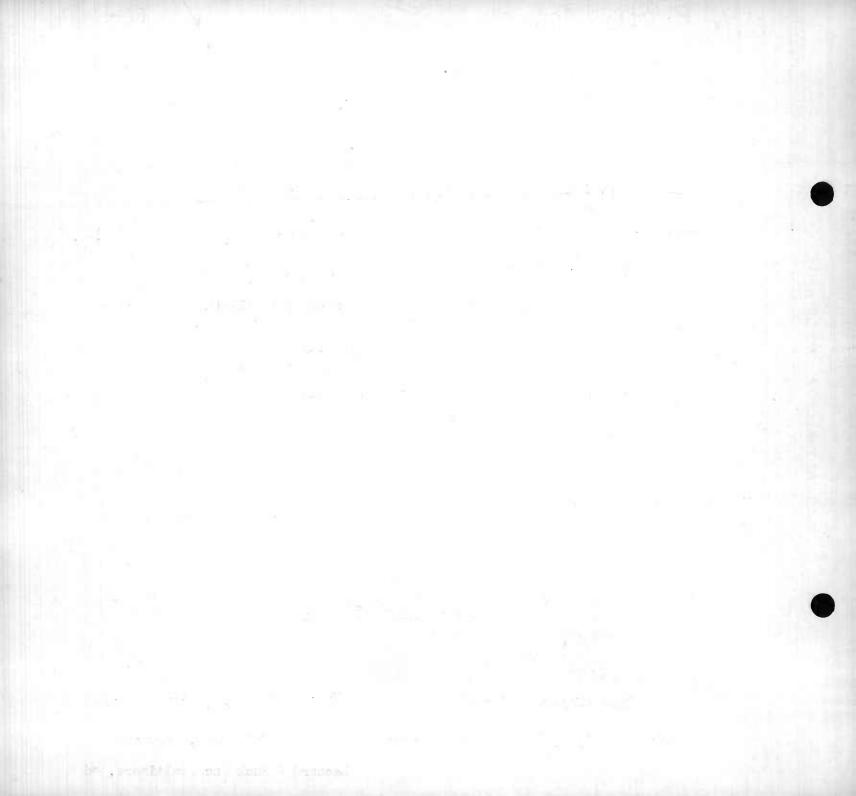
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0-650 68- 2	BALTIMORE CITY	HEALTH DEPARTMENT		00 0004
	CERTIFICA	TE OF DEATH	REG. NO.	68- 2201
I, NAME OF DECEASED			D HOUR OF DEATH	50
B. L. A.	7.1	211 1068	Esop	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	May Agnes O'Ryan			tution: residence before admission)
3. PLACE IN BALTIMORE, MARTEAND, WHERE PRO	SNOUNCED DEAD	A. STATE 8. COUN	TY	ionon; residence before damissian
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Md.		0716
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
		Baltimore	1	YES NO
836 Bradhurst Road		E. STREET AND NUMBER		
		836 Bradhur	est Road	
SEX 6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
temale white WIDO		May 6.1880	lost birthdoy) 87	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stote or forei	on country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	D OI DOSINESS ON INDUSTRI	THE BIRTHER CE (SIGNE OF TOTE)	gir country,	11C 4
Ret. School Teacher		New York		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Philip Olano		None A En	212	
Wos Deceased Ever in U. S. Armed Forces?	116 500141	Nora A. Ego	UL	ADDRESS
fes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	INFORMANT	10 615 /1	Inham Place NoW
no		William D. O	Kyan-	ianna Vincini
18.4409	CAUSE OF DEATH		V	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			1 1 1	BETWEEN ONSET AND DEA
LEADING TO DEATH	· · · · · · · · · · · · · · · · · · ·	Aty Wh	trelleofen	- 2/22/6
(This does not mean the mode of dying,		A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	eose,			
	4	5 11.1).		25.
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rise to the obove couse (A) stating UNDERLYING CONDITION last.	(C)			
./ 3 3 1 11	(3)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMI				**************************
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES. WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g. in	or about 21 C. WHERE DID	(If In Rollimore )	City, give exoct location)
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	h. m. estimoto	
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(APPROX.)	While At Work Not While At Work		/	
22 1 1/4 1 1/1 1/1 1 1/1			10/1 2/2	4168
22. I certify that (I) (this hespital) attend	ed the deceased from		19 6/ta 6/2	
that (1) (we) last saw the deceased alive	2/11/1/6			
Inor (i) (we) lost saw the deceased drive	an 2/84/68	19 ond th	ot in (my) (ddf) opini	on deoth occurred on the do
			ot in (my) (ddf) oplnl	on death occurred on the da
and hour and from the couses stoted obov				on death occurred on the da
and hour and from the couses stated above	e. (1) (We) (did) (did not) v	lew the body ofter deoth.	]2	
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and hour and from the couses stoted obove  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	e. (1) (We) (did) (did not) v	Med. Director 23D. ADDRESS	Staff Phys.	38. DATE SIONED
and hour and from the couses stoted obox 23A. SIGNATURE 23C. PHYSICIAN'S	e. (1) (We) (did) (did not) v	Med. Director 23D. ADDRESS	Staff Phys.	38. DATE SIONED
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and hour and from the couses stoted obove 23A, SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Walter & Karf  4A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify)  22868	gin M.D. OEGREE  C. NAME of CEMETERY of CRE	nding Med. Director Director Med. 23D. ADDRESS 4331 Harford MATORY 24D. Lo	Shoff Phys. D	is. DATE SIONED  2/2/65  pre, Md.  town, or county) (Stote)
and hour and from the couses stoted obove 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Walter & Karf  AA. BURIAL CREMATION, REMOVAL (Specify)  burial  2-28-68	gin M.D. OEGREE  C. NAME of CEMETERY OF CRE  St. Raymonds	Med. Director Directo	Rd Baltime OCATION (City, DONX, New Yo	ore, Md.  town, or county) (Stote)
and hour and from the couses stoted obove 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Walter & Karf  24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE  24B. DATE	gin M.D. OEGREE  C. NAME of CEMETERY of CRE	MATORY  Director  AMATORY  25C. FUNERAL DIRECTOR	Shoff Phys. D  Rd Baltime OCATION (City, Onc., New York)	ore, Md. town, or county) (State) ork
and hour and from the couses stoted obove 23A, SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Walter & Karf  4A. BURIAL CREMATION, REMOVAL (Specify)  burial  2-28-68	gin M.D. OEGREE  C. NAME of CEMETERY OF CRE  St. Raymonds	MATORY  Director  AMATORY  25C. FUNERAL DIRECTOR	Shoff Phys. D  Rd Baltime OCATION (City, Onc., New York)	ore, Md.  (Stote)



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1	0-30	0 65	- 2202	CERTIFICA	TE OF DEATH	REG. NO	68- 2202
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	e or Print	1	101 +		2.0011	2 / - //	55
2 0	LACE IN BALL	TIMORE MARYLAND.	HICI L	R.	14 USUAL RESIDENCE (Who	5-68 //	P. UL. M. M. Milutian: residence before admission
2	Comme		os Pital	ACED DEAD	A. STATE M D B. COUL	NTY BALAS pr	ORI
	I NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TON. GIVE STREET	9009 Tim	any toll	Battach 5 3 = 00
IN S	SPITAL OR	ADDRESS OR LOC	(ATION)		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
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	2,1				E. STREET AND NUMBER	0 /	
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5. SI	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	F	W	WIDOWED		2-13-94	last birthday)	Months Doys Hours Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country	12. CITIZEN OF WHAT COUNTRY?
		working tife, even if retired			manul	2 /	71 5 0
	usewife				MARYS	Hud.	a. D. H.
13. 1	ATHER'S NAM	ME /	01 1		14. MOTHER'S MAIDEN NA	ME	
6	JABR.	976 J. 7	hziN		Amma- 9	K aloko.	+
15. V	Vas Deceased	Ever in U. S. Armed F.	orces?	6. SOCIAL	17. INFORMANT	12000	ADDRESS
(Yes,	. no ar unknawn)	(If yes, give war ar da	tes at service)	SECURITY NO. 790			
-	10			The second secon	Mrs Louis A We	ellein	Same
	18. 42	8 XI		CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OF CONDITION D			to the same and the		
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O	OTHER SIGNIF	CANT CONDITIONS C	ONTRIBUTING				
AT		H BUT NOT RELATED TO ONDITION GIVEN IN PA					
ERTIFICATION	19A. DATE OF	OPERATION 198. CO	NDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
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U	21 A. A CCIDEN	T WAS UNDERLYING	21B. P	LACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)
4		medical examiner	etc.)	, torm, tocidity, sileel, of	ince biags, insort occor:		
EDIC	21D. TIME	(Manth) (Doy) (Year	) (Haur) 21E. I	NJURY OCCURRED	21F. HOW DID IN	IIIDY OCCIID?	
5	OF INJURY	(74) (10)		At Not While		JOKI OCCOK:	
	(APPROX.)		Wark				
	22. I certify	that (1) (this haspite	al) attended the	deceased from F	EB 15	1968 to FE	B 23 1988.
	that (I) (we)	last saw the deceas	sed alive on T	FB 23 11	55 19 68 and th	hat in (my) (aur) ani	nian death accurred on the date
							man death accounts on the date
			ated abave. (I)	(We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATU	RE 6	a A				238. DATE SIGNED
		1100 (	7(1	QEGREE Phys	nding Med. Director	Shoff Phys.	FEB 24 68
	23C. PHYSICIA	N'8	1		23D. ADDRESS		
	NAME (T)	SOO LUMBER	a Hall	Ga	BON CE	OURE HOS	DITAL
246	BURIAL CRE	MATION, 1248, DATE	7. 17014	ME of CEMETERY OF CRE	001.	0001-7	ity, tawn, ar caunty) (State)
24 M	REMOVAL (S	pecify)		AIR OF CENVETERS OF CRE	240.	LOCATION (CI	ity, tawn, ar caunty) (Statel
	Burial	2/27/6	8 Hol	y Redeemer	Ba:	ltimore, Mar	yland
25A.	DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	FEB 2	6 1968 OLD	re & E. Jo	Indeu MA	Leonard J Ru	ck Inc Balt	cimore, Md
VS 1	150-REV 1/1/6	R					

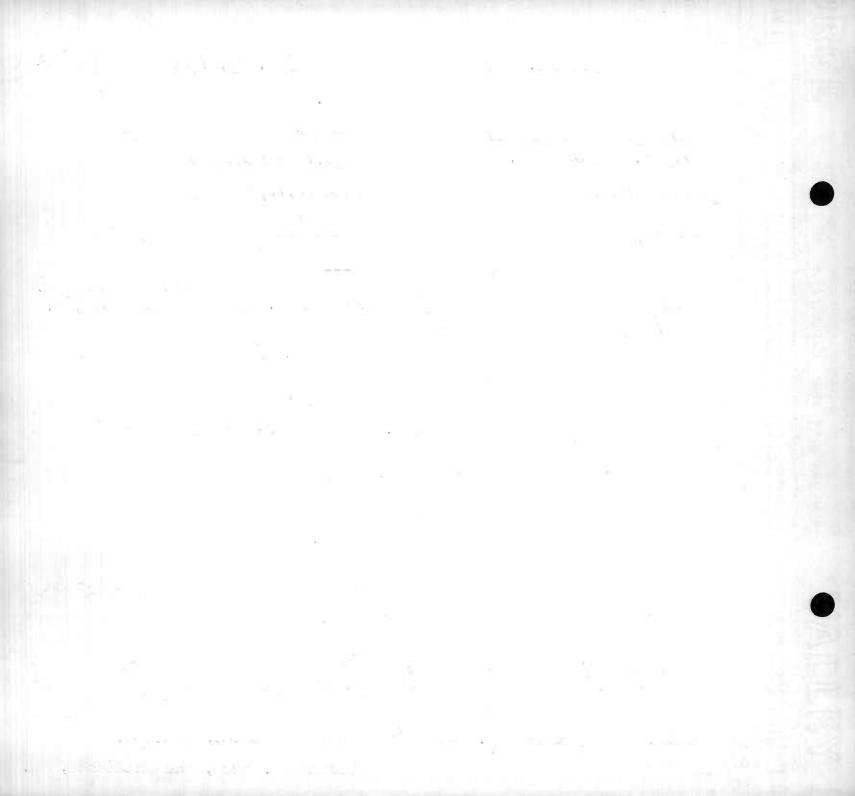


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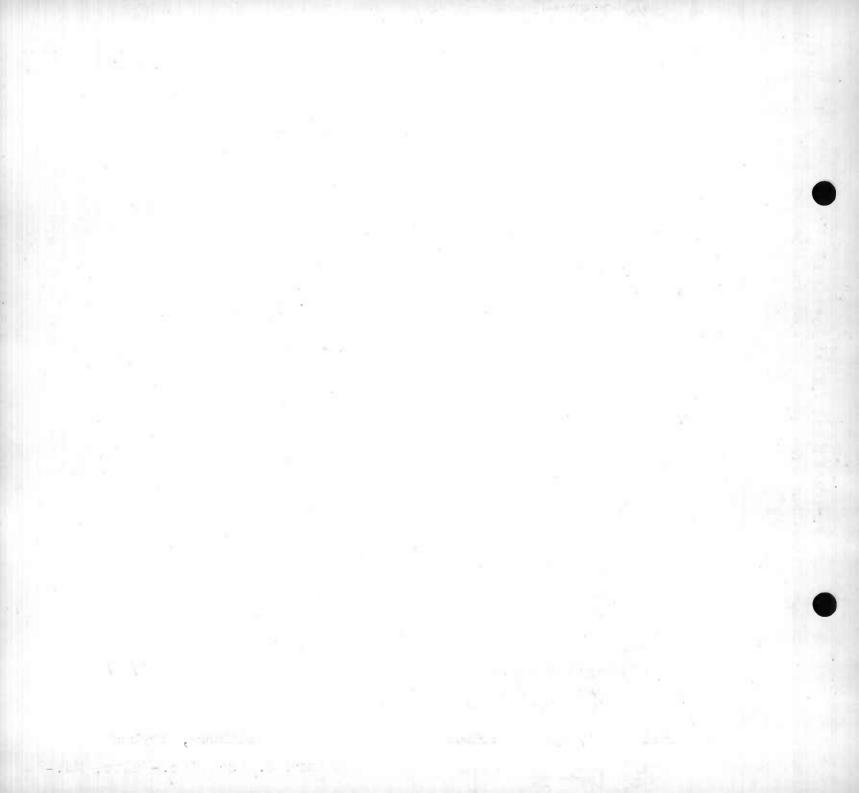
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5-10	0	000		HEALTH DEPARTMENT		68- 2204
DIDTH NO	68	- 220	4 CERTIFICA	TE OF DEATH	REG. NO	1000 1
INAME OF DE					D HOUR OF DEATH	1
(Type or Print)	Ellen L	. Schw	ab	Feb.	25, 1968	3:50 A.M
3. PLACE IN BA	LTIMORE MARYLAND, W			4. USUAL RESIDENCE (Where	e deceased lived. If i	institution: residence before admission?
THE NAME OF	T AT NOT IN HOSBIT	AL OR INICITI	LTION CIVE STREET	Md.	"	17 12
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
_	Conson None	и. И.		Baltimore		YES NO NO
Long	Green Nursi	ng nom	e	E. STREET AND NUMBER	0 1	
115 8	. Metrose +	lve.		3601 Delve	rne Road	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
emale	write	WIDOWED	DIVORCED .	March 18,1871	96	
	CUPATION (Give kind of war if working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY
Housew	. /			Michigan		USA
13. FATHER'S NA				14. MOTHER'S MAIDEN NAM	A E	1 431
		7	1,			
5. Was Decess	d Ever in U. S. Armed For	10	106. SOCIAL	17. INFORMANT		ADDRESS /)
Yes, no ar unknow	(If yes, give war ar date	es of service)	SECURITY NO.		. , ,3601	Delverne Rd.
no			220445230	Mrs Anne M. S	chwab E	Baltimore, Md.
18. 41 70	29 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI	RECTLY	(10)			. 0 20
(This door	LEADING TO DEATH	duina on	(A)MINEPLOTED	be myscarde	tis songest	vekalure
heart foilure	, oslhenio, elc. Il meons	the disease,	DUETO, OR AS	A CONSEQUENCE OF:	0	
injury or co	omplication which caused		Q.	tic influer		
	ANTECEDENT CAUSES		(B) USU	le mour	(3a)	Sycaps
	OR CONDITIONS, if		Chronitalis	A CONSEQUENCE OF:	Dun.	
	he obove cause (A) IG CONDITION last.	siding ine	(c) (trte	resobrotto	( Vaus	leaso
422	7 11					
	IFICANT CONDITIONS CO		Ostom Ho	itis 1 10 mar		
<b>▼</b> DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR		Carregardo	uno, menes	cence	
19A. DATE C	OF OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTI						
OR CONTRI	ENT WAS UNDERLYING DE CAUSE OF			n or about 21C. WHERE DID	(If in Boltimo	ore City, give exact location)
	fy medical examiner)	etc.)				
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY			le At Not While	е		
00 1 16		Woi		may 16.	61 7	10 mg 15th 68
	y that (1) (this hospita		7 //	il de a	96/10/1	20127 1960
that (1) (we	of lost saw the decease	ed alive on	new 1	4-19/6 8 and the	at in (my) (	inian death occurred on the dot
ond hour or	nd from the couses sto	ted obove. (1	) ( <del>We) (did)</del> (did not) v	riew the body after deoth.		
23A-SIGNA	UR /	0	01.0	11		DATE SIGNED
X	No Hal	1/24	MCX Phy		Staff Phys.	26. Mbx
23C. PHYSICI	N's	2000	2	23D. ADDRES	ho b	CA TOO
NAME	VIHAR	BOIT	D.M.D.	4-106 ATING.	DKA (F)	ellemar-140
AA. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRI	EMATORY AD. LO	CATION	Cily, town, or county) MC
REMOVAL	(Specify)					
burial	2/28/0		Joseph's (	emetery Ho	rian, Mic	nigan
FFR 2	5 1968 Pres	25B. NAME C	A CHESTRAR	25C. FUNERAL DIRECTOR	06 0	Baltimore, Md.
1.200		h		Leonara y. 1	luck, ync	Dallmore, ma.
/S 150-REV. 1/1	/68					



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< 214	BALTIMORE CITY	HEALTH DEPARTMENT	G -	68- 2 DE	-
BIRTH NO. 68- 2	205 CERTIFICA	TE OF DEATH	REG. NO	00 121200	
1. NAME OF DECEASED (Type or Print)  Mrs. La Dia C.	Stupel	M. 1	ND HOUR OF DEATH WAYY 2519	68 19:25	P
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. A in	nstitution: residence before	admission)
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION INSTITUTION	NSTITUTION, GIVE STREET	A. STATE B. COUN  C. CITY OR TOWN	ty	IDE CITY LIMITS?	34
Maryland General	el Hospital	E. STREET AND NUMBER	vA Ave	YES NO	
5. SEX   6. RACE   7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Und	ler 24 Hrs.
FC	DOWED DIVORCED	09-07-07	lost birthdoy) 60	Months Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 108, 1 done during most of working liter even if retired)	TIND OF BUSINESS OR INDUSTRY	Baltono-	e Md.	12. CITIZEN OF WHAT	COUNTRY
13.FATHER'S NAME	/	14. MOTHER'S MAIDEN NA	ME		
Hatty Welzel  15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Magaret 17. INFORMANT	Brown	ADDRESS	
(Yes, no or unknown) If yes, give wor or doles of s	SECURITY NO.	John F. Stul	pel 3717	Ina Ave, Bal	to, Mo
Injury or complication which coused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling underlying condition tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 194. DATE OF OPERATION 198. CONDITION WAS PERFORM	giving DUE TO, OR AS  ng the (C)	matord Arth a consequence of:  20A. AUTOPSY? (Yes or No	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimor	re City, give exoct location)	
21D.TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJ	URY-OCCUR?	137 ,48	
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased all and haur and fram the causes stated at 23A SIGNATURE  23C. PHYSICIAN'S SIGNATURE  24A FURIAL CREMATION, 124B, DATE	ve an 02-25 pave. (1) (We) (did) (did nat) v	19.68 and the release and the	sat in (my) (aur) api Staff Phys.	inian death accurred and 238. DATE SIGNED 2/25/68	9 6 C n the date (State)
REMOVAL (Specify)	^				(0.010)
// Burial 2/29/68	Parkwood		altimore, Ma	aryland	
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	7.1
1 20 1308 Of but 8	, tarber Ma	Leonard J.	nuck, Inc.	-Balto, Md.	-14
/5 150-REV. 1/1/68			1		



FUNERAL DIRECTOR: IMPORTANT

1	7-536	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2206
	TH NO. 68- 2	205 CERTIFICA	TE OF DEATH	REG. NO	00 2200
	pe or Print) Eva Ca	rrie Canten	2. DATE AN	D HOUR OF DEAT	68 2:00 P. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When		institution residence before admission)
H H	LL NAME OF OF ADDRESS OR LOCATION STITUTION.  Mary land General Has		Maryland C. CITY OR TOWN Baltimer E STREET AND NIMBER	D. IN	VES NO
=					
	F 34/	RIED NEVER MARRIED DIVORCED DIVORCED	6 4 82	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIN the during most of working life, even if retired)  Sales (add)  M	ay Co.	11. BIRTHPLACE (State or forei	gn country) Md	12. CITIZEN OF WHAT COUNTRY?
	Thomas A. Jones		Rose Ann	travers	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of serv		17. INFORMANT		ADDRESS
	No	215-01-21/2 CAUSE OF DEAT	Mr Joseph D Ca	inter Sa	APPROXIMATE INTERVAL
MOIN	heart failure, asthenia, etc. It means the disinjury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the abave cause (A) stating UNDERLYING CONDITION last.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM!	(8)	A CONSEQUENCE OF:		· · · · · · · · · · · · · · · · · · ·
CAL CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED		20A. AUTOPSY2 (Yes or No	208. IF YES, WERI	FINDINGS CONSIDERED
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltim	ore City, give exoct locotion)
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While At Work	21F. HOW DID INJ	URY OCCUR?	<i>~</i> /
	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated about	on February	4239 68 and th	19to of in(my) ( <del>501)</del> o	pinion death occurred on the date
	23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ermen // GEGREE Phy	23D. ADDRESS / 1	Staff Phys.	2/24/60 R / T
24.	REMOVAL (Specify)	erman / Joegase			)a/limere /Ud City, town, or county) (Stote)
25.	Burial 2/28/68 A. DATE REC'D BY HEALTH DEPT. 25B, NA	London Park	2SC. FUNERAL DIRECTOR	ltimore, M	ADDRESS
	FEB 26 1968 R.C. 58	Farleyns	T		cimore, Maryland



	1	6	BALTIMORE C	CITY HEALTH DEPARTMENT	an comm
a		1.	68- 2207 CERTIFIC	ATE OF DEATH REG NO.	68- 2207
3	and ath sed the uch		TH NO.	2. DATE AND HOUR OF DEATH	
0, 3	an leat ase sase th	ITV	ne or Print)		
2 3	P 2 2 4	2 1	DR. FREDERICK PETRY- P	ATRY 2-24-68  14. USUAL RESIDENCE (Where deceased lived, If i	5:00P M.
10/2	g 00 0 5	3.	TACE IN BALIMORE MARILAND, WHERE PRONOUNCED DEAD	A. SIATE B. COUNTY	nsmidian, tesidence before domission)
al W	se (5) an de	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	FLORIDA V- 08	
U, 34	Popo	IN:	SPITAL OR ADDRESS OR LOCATION)		SIDE CITY LIMITS?
ex 14,	CCC	1.	2 T	BEADENTON	YES NOX
60	ri ng Ca Ca Torior	15_	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER	
6	9 - 9 - 9 9			5912 RIVERVIEW BLVD.	WEST
	ibu dadadadadadadadadadadadadadadadadadada	5. 5	MARKIED NEVER MARKIED	B. DATE OF BIRTH  9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min,
	TT		TALE WHITE WIDOWED DIVORCED		
	red		. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	de inde		e during mast of working life, even if retired)		
	de de de de	13.	Physician FATHER'S NAME	Toronto Ganada	U.S.A.
	Po to to	'	CHIEF & MONE	THE MOTHER S MAINER HAVE	
=	ire ire	J	oseph Patry	Ida Purdy	
4	a de la	IS.	Was Deceased Ever in U. S. Armed Forces?  Joan or unknown) (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT	ADDRESS
E	kir kir de de	N	051-22-40	54T Mrs. Frederick Patr	v Same
MPORTAN	+ 4 de -	-	18. / / CAUSE OF DE		APPROXIMATE INTERVAL
P	is ar		DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
2	So of or of		LEADING TO DEATH	CAUSE Cardiac arrest	
	Pana		(This daes not meen the mode of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:	
ICE OR:	er. ctu		hearl failure, asthenia, etc. II means the disease, injury ar complication which coused death.)		
20	fra fra gul		ANTECEDENT CAUSES	Icute myocardial ins	andwn
1 5	A f		DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE DE	andwi
TO W	exeexe 3)		rise to the above cause (A) stating the	0	
DIR	an an in		UNDERLYING CONDITION last. (C)	***************************************	
2 × C	dica dica irns, rsici was	_	420.1 II		
SX Z	odi odi odi	O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
. &	T E A de la	ATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	Inch and the second sec	
E 65	a do	Ē	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTORSY? IYes at No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
7 5	T AB T Se	CERTIFIC		No	
< < I	the (2) ere opt efo		OR CONTRIBUTING CAUSE OF hame, farm, factory, street	g, in ar about 21 C. WHERE DID t, office bldg., INJURY OCCUR?	re City, give exact location)
	No No	CAL	DEATH Inatify medical examiner)		
D,	Sp Co	MEDI	21 D. TIME   Manth) (Day)   Year) (Haur) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
1	ho ho naticept d (d	2	(APPROX.) While At Work At W	While	
T O	y Z		22. I certify that (I) (this haspital) attended the deceased from	Fub 24 19 6810	74674 10lex
\$	e du th			(	, , , ,
	5 = 5 = 6 e		that (1) (we) last saw the deceased alive an		lnion death accurred an the date
0	0		and have and fram the causes stated above, (1) (We) (did) (did no	t) view the bady after death.	
>	eased ident hospit nust		23A. SIGNATURE	AU 11 - AU - AU -	23 B. DATE SIGNED
9	J 0 E A		Can Clen Ohmon DEGREE	Attending Med. Staff Phys. Director Phys.	Tet 24 1760
S	0 - 0 - 5 >		23C. PHYSICIAN'S NAME   Type)	23D. ADDRESS	11
T	was rel An acc A. at a l prior to		KAY ELLEN GILMORE	THE JOHNS HOPKINS H	OSPITAL
ELEASED NON		244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	JREE .	City, town, or county)
W	certi oody /s: (1 D.O. asec		REMOVAL (Specify)		
K	body ws: () s D.O ease		Burial 2/27/68 North Chatha	m North Chatha	am N.Y.
	the bod shows: was D.G decease	25A	. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR	1905 York Rd
	F = 10 3 0 3		FFB 26 1968 A A & O Z. A. MA		1t. Md. 21212
		VS	150-REV. 1/1/68	Da.	T 0 8 2201 8 220000

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prior to

	00	0000	BALTIMORE CITY	HEALTH DEPARTMENT		68-	2208
	68	3-2208	CERTIFICA	TE OF DEATH	REG. NO	00	2200
BIRTH NO.	SEA CED		CERTIFICA		AND HOUR OF DEATH		
(Type or Print)				Z. DATE	1 - 1.		41
MOLI			010 0140	14 HISHAL DESIDENCE (W	/2-3 /6 8 /here deceosed lived. If in	atitution and d	11 00 PM.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNG	CED DEAD	A. STATE B. CO	UNTY	siliulion; resid	ence before odmission)
FULL NAME OF		AL OR INSTITUTIO	ON, GIVE STREET	MARYCANI		á	now
HOSPITAL OR	ADDRESS OR LOCA	(ΝΟΠ)		C. CITY OR TOWN	D. INSI	DE CITY LIMIT	S. C. C.
127 MER	CY HOSP	ITAL		BALTIMO	RE	YES T	NO 🗌
DIPLEK	(1001			E. STREET AND NUMBER		,	
			printing h	386 E 315T	ST. (21	218)	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. , If Under 24 Hrs.
E	IN	WIDOWED	DIVORCED	1-2-06	lost bighdoy)	Months Do	ys Hours Min.
IOA USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN	OF WHAT COUNTRY?
	working life, even if retired)						-
DURSE	SUPEREUTIUPE	T NORS	ING	USA	PENUMYLVANIA		U.S.A
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME		
WILLIA	N J. HOO	VER		(L1221E)	B. HOUSER		
15. Was Deceased	Ever in U. S. Armed For	ces?  16	SOCIAL	17. INFORMANT	- 11000	AD	DRESS
(Yes, no or unknown	(If yes, give wor or date	s of service)	SECURITY NO.	1 111 -			SAME
No		2/	2-30-231	Y WM. F. L	-ANGLEV, J	R.	Shire)
18. 4 3 3	XI		CAUSE OF DEATH		/	A	PPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY					
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE SEPTIC	EMIA		3 DA 45
	nol meon the mode of osthenio, etc. It meons			CONSEQUENCE OF:			
	nplication which coused						
	ANTECEDENT CAUSES		5.11	BBAL RESE	2TLOW THE	CA	
DISEASES (	OR CONDITIONS, if	onv. giving		A CONSEQUENCE OF:			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
rise to th	e obove cause (A)		CARET	REZTOWN FO	R HEMORPY	1000	
UNDERLYIN	G CONDITION lost.		(c) GH3)	A A		ALC IC	
_ 3 43 X	( II			alleski	10		
O OTHER SIGNI	FICANT CONDITIONS CO						
A DISEASE OR C	TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR			••••••••••			
19A. DATE OF	OPERATION 198, CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED
E C1/2 4		ORKATIGIC	CASTRITTI	453	III CERITINO CA	0313 01 017	
U 21A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21 B. PL.	ACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimor	e City, glve ex	oct location)
DEATH (notify	medical examiner	etc.)	form, lociory, sirees, on	ice bidg., INJORI OCCOR:			
D 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E. IN	JURY OCCURRED	21F. HOW DID	INTILIPY OCCUP?		
S OF INJURY	(Month) (Doy) (Teon	While			MISORI OCCOR:		
(APPROX.)		Work	Al Work				
22. I certify	that (1) (this haspital	) attended the	deceased fram	2 -11	19 68 to	2	23 19 68,
that (I) (we)	lost saw the decease	d olive on	2 - 23	19 68 and	that in (my) (aur) api	nion death c	
	_						recomos on mo sare
		red abave. (I)	me) (did) (did nat) v	iew the bady after deat	h.	loop DAYE S	ICNIES
23A. SIGNATU	1 ( ) ( ) ( )		1.0	nding Med.	S-4 -	23B. DATE S	20 le-
Lau	mer (1.)6	enter,	DEGREE Phys	Director L	Staff Phys.	01	92/68
23°C. PHYSICIA NAME (1			1	3D. ADDRESS	٧.		
C A LA	HEL A.D	PRES	M.D	MFRCY	HOSPITA	1	
24A. BURIAL CRE	MATION, 24B, DATE	ZAC NAM	E of CEMETERY OF CRE	MATORY 124D	LOCATION (CI	ity, town, or co	ounty) (Stote)
REMOVAL (	Specify)					.,, 10 1111, 01 01	
Burial	2/27/68	Dular	rey Valley Ma	em. Grds.	Timonium,		Md.
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIRECT	OR & COME CO	4905 V	ADDRESS

25C. FUNERAL DIRECTOR H. W. Jenkins

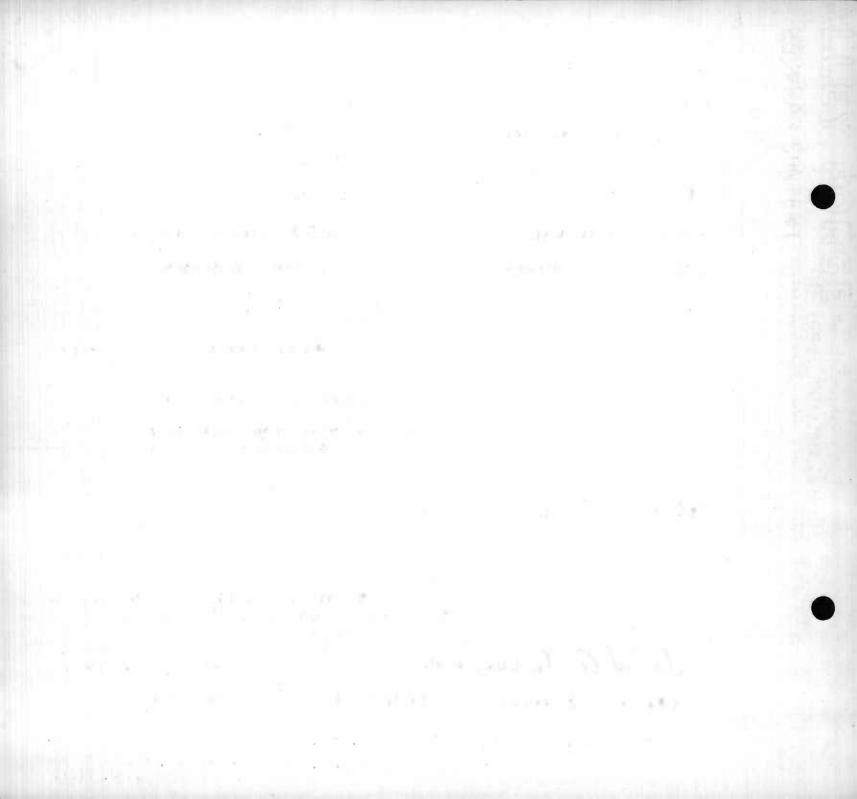
york Road d. 21212

Sons Co. 4905 Y Baltimore, Md.

VS 150-REV. 1/1/68

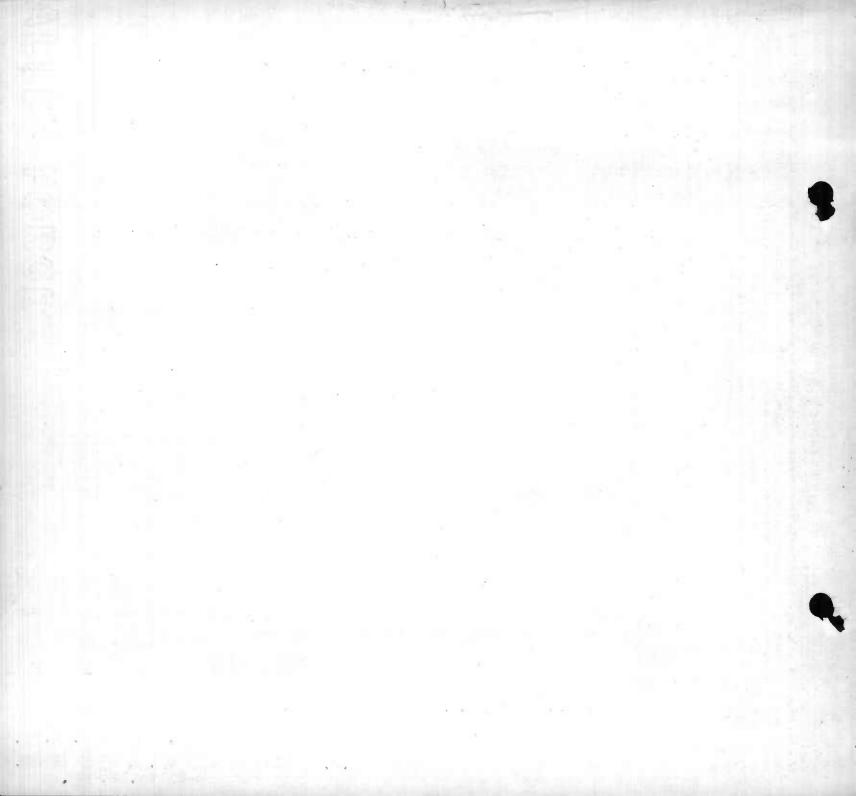
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MED TERROPORT & KINDRY SURE 8.8 - 81 - 81 BELDERAL AND HARMED STREET ZELLE GALLES PRIAMIC BATTLE TANKS ALTE MERCH LANGUAGE TELEFORM Fareward Hy Ed H. 

VS 150-REV, 1/1/68



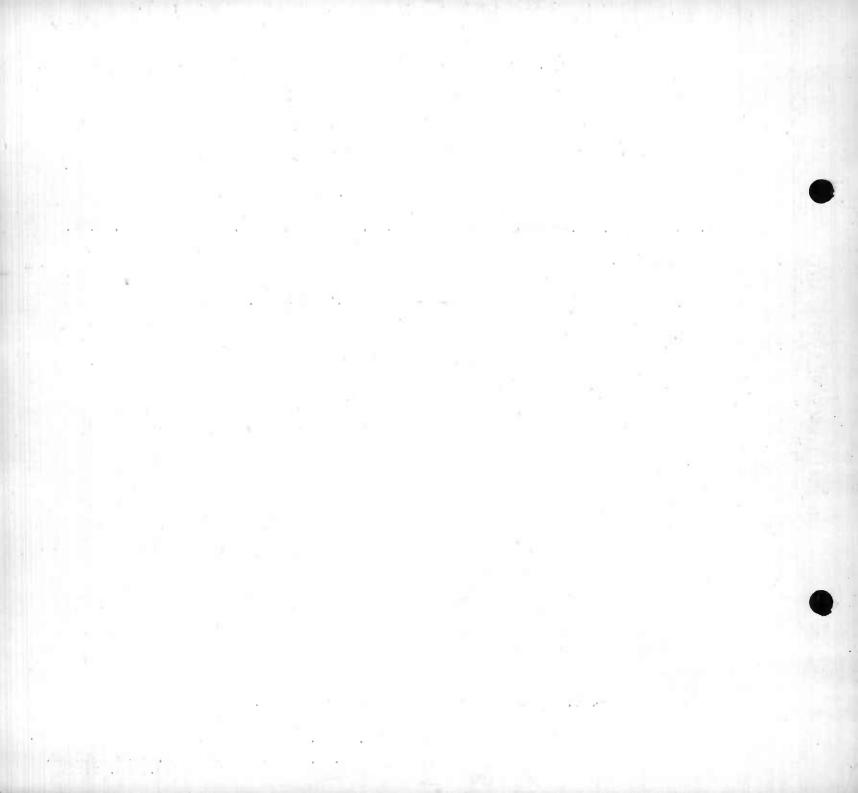
VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

B11	TH NO. 68- 2212 CERTIFICATE OF DEATH Registered No. 68- 2212
1.	E. CASE NO.  NAME OF DECEASED  2. DATE AND HOUR OF DEATH
L	PLACE OF DEATH IN BALTIMORE, MARYLAND  PLACE OF DEATH IN BALTIMORE, MARYLAND  A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR Oddress or location)  (If not in hospital or institution, give street oddress or location)  (If outside city limits, write RURAL and give township)
5	822 M Carrallton are D. STREET ADDRESS (If rurol, give location)
5.	SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years last birthdoy)   1. Months; Doys Hours   Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  17. O
15 (Y	Was Deceased Ever in U. S. Armed Forces?  as, no or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Cabroll
-	18. 412.91 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heori foilure, asthenia, etc. Il means the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) Frterios derotic Cardiovascular 2 yrs  DUE TO  ANTECEDENT CAUSES  (B) Generalized affences derosis about 5 yrs
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  GENERAL ZERO ANTECEDENT CAUSES  DUE TO  DUE TO
	DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.
MOLEY	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
A PICIO	19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AI CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
Signatur	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While 3
	22. I certify that (I) (this hespitel) attended the deceased from 10th November 1967 to February 17th 1968 that (I) (me) last saw the deceased alive an 2-17- 1968 and that In (my) (and apinion death accurred an the date
-	and haur and fram the causes stated abave. (I) (Wa) (did) (dld nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED
	Money Lauty M.D. Attending Med. Director Phys. 310ff 2-23-68
2	NAME (Type) A HMED C.K. KUTTY M.D. V.A. Hospital, Fort Howard, Md 21053
	Burial 2-24-68 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  Burial 2-24-68 25C. FUNERAL DIRECTOR  ADDRESS
	EEB 26 1968 Ole & Jaluna F. A. Hemsley 578 W. Biddle St.
V	\$ 150-REV. 1/1/65

But litery med. anarin Tobapman earn may a Chunting from Priconice devote Cardiovander generalized entrinentiam about the I andwanced age 2-17- Edward 61 Edward 12 Ahmen Kuthy x 2-23-88 AHMED CK KUTTY VA Hospita, Fort Howard, No. 2003 Mr Querry am Track Mit

VS 150-REV. 1/1/68



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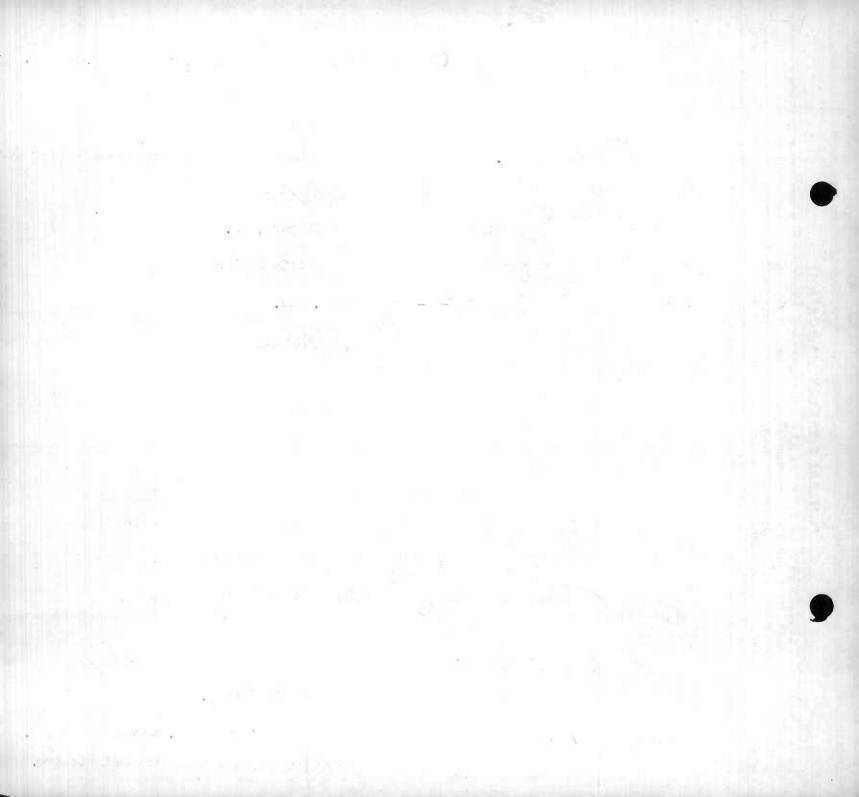
68- 2214 BALTIMORE CITY HEALTH DEPARTMENT

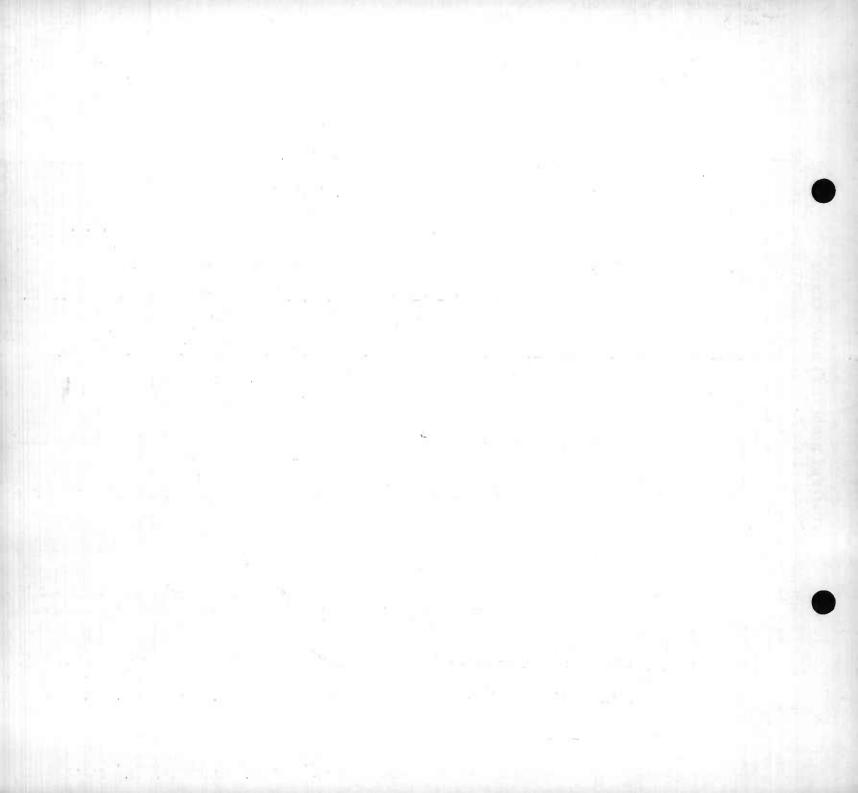
68-- 2214

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
(Type or Print) JAMES S. KAVANAUGH	OF DEATH Estimoted 2 22 68 7:15 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD February 22, 1968 7:15 pm.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
7 600 Venable Ave.	A. STATE  Maryland  B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED	☐ Balto. YES ☒ (NO ☐
lost birthdoy) Months Doys Hours N	Hrs. E. STREET AND NUMBER
June 22 1910 15/ 1991	600 Venable Ave.
11. BIRTHPLACE(Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY? US A	John S. Kavanaugh
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	
Clerk Grocery store.	Elizabeth C. Isenock
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	18. INFORMANT ADDRESS
NO L	Family records   LAPPROXIMATE INTERVAL
19. 412 I CAUSE OF E	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arte	eriosclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIA	TE CALISE
(This does not mean the mode of dying, e.g., DUETO	OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO,	OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
✓ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY (e	no
	e.g., in or obout 22C. WHERE DID (If In Boltimore City, give exact location) office bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRI	ED 22F. HOW DID INJURY OCCUR?
OF INJURY  (APPROX)  WHILE AT	NOT WHILE
23.	
I certify that I held on Inquiry Inspection	Autopsy ond that on this basis, deoth in my opinion
resulted from Natural courses Acciden Su	icide   Homicide   Undetermined monner
41/ 1/1/5	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER X
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	February 23, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE	
REMOVAL (Specify)	(0.00)
Burial 2/26/68 Parkwoo	d Cem. Balto. Co. Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
EEB 26 1968 A. O. B. E. Farbane	C.F.EVANS & SON 8802 Harfordroad

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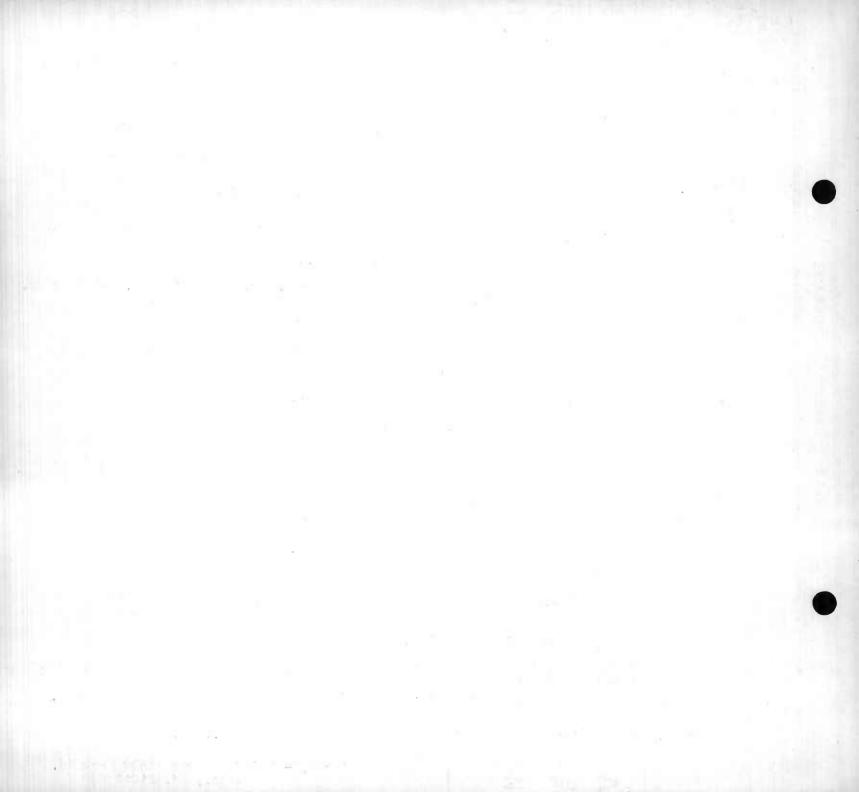
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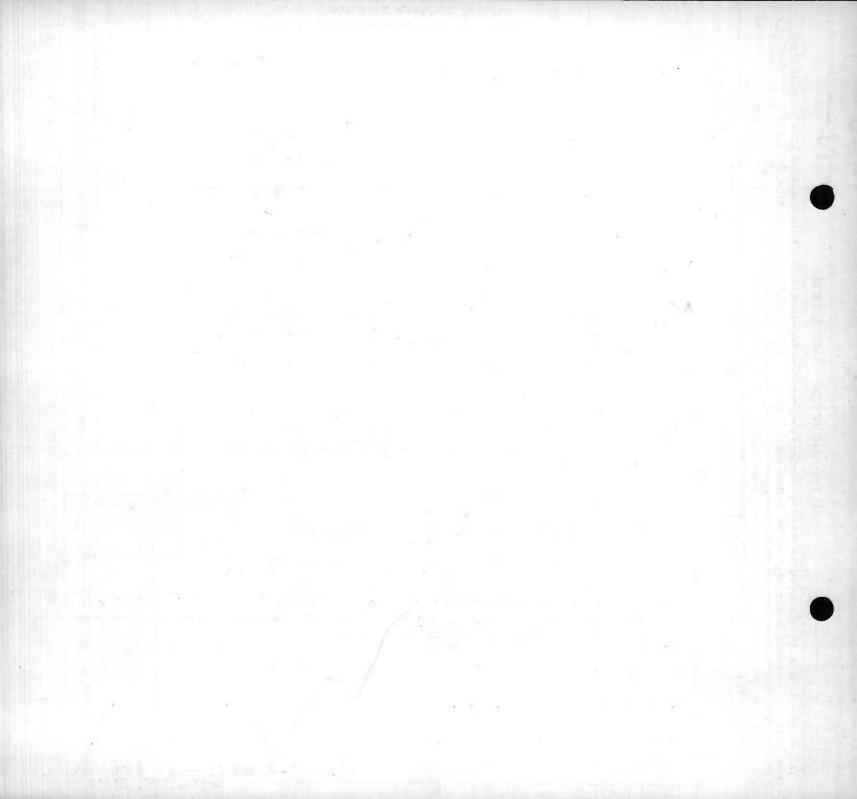




1	-	1
	spital and of death	sath. Such
4	rrred in a ho buting cause ned cause; (5	lar attendan
•	if death occurect or contri (4) Undetermi	was in regu
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
RECTOR:	examiner. A examiner. A (3) A fracture	in who prond in regular a
UNERAL DI	chief medical y a medical Body burns;	the physicia hysician was
E	proved by the he hospital by nature; (2)	and (6) No pl
	e must be apprehensed to taccident of a	a hospital (e
	This certificat the body was shows: (1) An	was D.O.A. at deceased pric

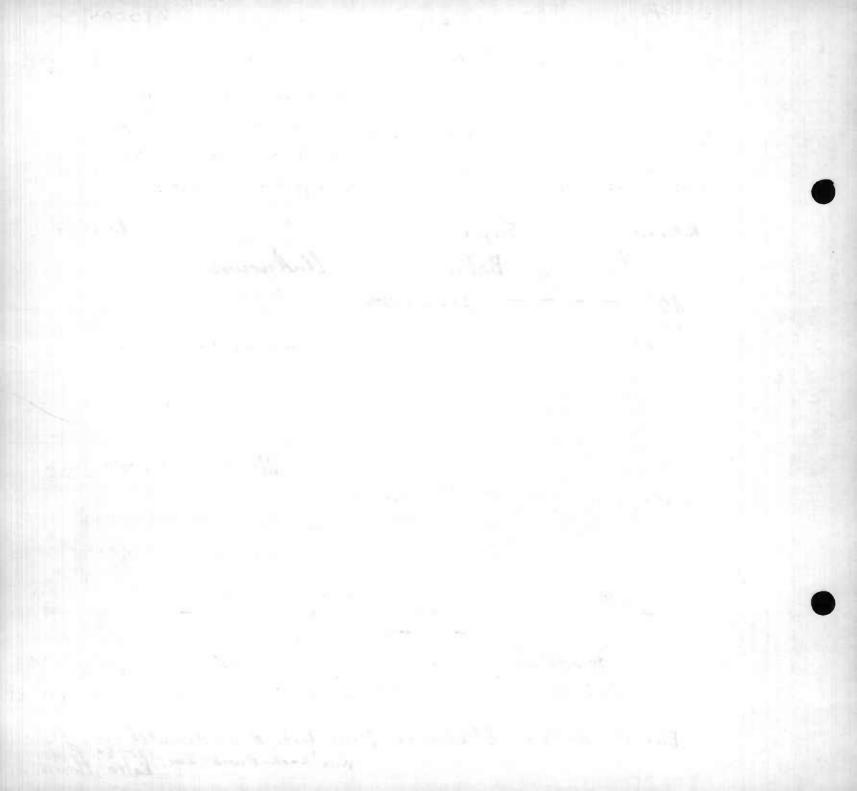
BALTIMORE CITY HEALTH DEPARTMENT	<b></b>
BIRTH NO. 68- 2217 CERTIFICATE OF DEATH REG. NO. 68- 221	1
BIRTH NO.  1. NAME OF DECEASED  12. DATE AND HOUR OF DEATH	-
(Type or Print)	· p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased Used. II institution: residence before	dniss
A. STATE B. COUNTY	A.
HOSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	
INSTITUTION D. INSIDE CITY LIMITS 9	- 1
4 MARYLAND GENERAL HOSPITAL BALTIMORE YES 1 NO	
C. SIREL AND NOMBER	
3900 N. CHAPLES ST.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours:	
MALE WHITE WIDOWED DIVORCED 4-23-89 Ost birthdoy! Months Doys Hours	Mir
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT	100
done during most of working lile, even if refired)  MARYLAND  U. S	
CETTED DUSTNESSMAN	A -
13. FATHER'S NAME	
CLEMENS H. LEAPS SR. THERESA BLUME	
	D
(Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO. CLEMENS H. LearS III 10/ St. Dunstans	no
no 217-07-8775 PATIENT'S CHART (HOSPI	14-1
18. 44 10 9   CAUSE OF DEATH	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.  (B) ARTERIO SCLE POTIC HEAPT  DUE TO, OR AS A CONSEQUENCE OF:  (C) (C)	
- 4201) II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
Signature of the state of the s	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exect location)	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
OF INJURY  (Month) (Doy) (Yeot) (Hout) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While At Work	
	-68
that (1) (we) last sow the deceased alive on FEB 21 1968 and that in (my) (our) opinion death occurred on	the
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED	
Fausto G. Aguin Decage Phys. Director Phys. 2-21-6	0
23 C. PHYSICIAN'S 23D. ADDRESS	_0_
NAME (Type)	CAD .
DEGREE	-11
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stot
entombment 2/24/68 Lorraine Mausoleum Balto., Md.	
25A, DATE REC'D BY MEANTH-DEPTH A25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	
Mitchell-Wiedefeld Home 6500 York Rd.	•
VS 150-REV. 1/1/6B Balto., Md. 21212	

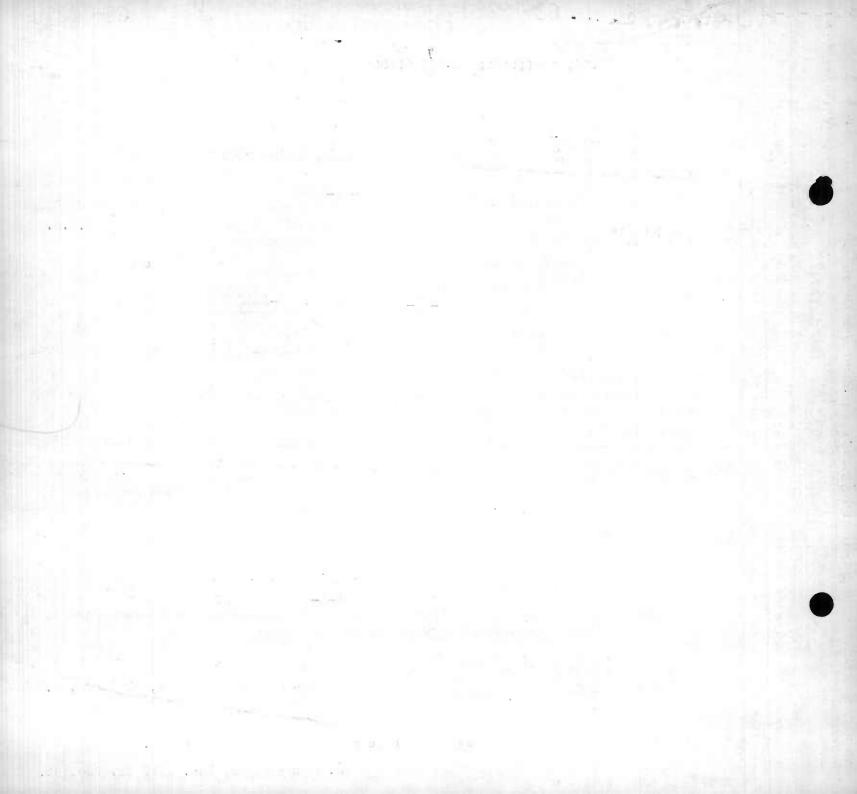




This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the body was released to the hospi	shows: (1) An accident of any natur	deceased prior to death); and (6)	written approval must be obtained

Raillas 6	8- 2219 BALTIMORE CITY	HEALTH DEPARTMENT	
600	CERTIFICA	TE OF DEATH	EG. NO. 4100950 2219
BIRTH NO.	CERTITO	TE OF DEATH	
1, NAME OF DECEASED	Baras	2. DATE AND HOUR	
	R BALAI.	2 24 191	
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	ed lived, If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSP	TAL OR INSTITUTION GIVE STREET	PA MA	RYLAND DIL
HOSPITAL OR ADDRESS OR LOC	TTAL OR INSTITUTION, GIVE STREET CATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITED
11		BALTIMORE.	YES NO
EMAI HOSPITA	L OFBALTIMORI	E. STREET AND NUMBER	
3110711		1439 RICHAR	LDSON ST.
5. SEX  6. RACE	7		
MALE WHITE	7- MARRIED WINEVER MARRIED	8. DATE OF BIRTH 9. AGE (1) Tost birthd	oyle 7 Months Doys Hours Min.
	WIDOWED DIVORCED	1	
OA. USUAL OCCUPATION (Give kind of we one during most of working tife, even if retired	ork 10 B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	
01.		RUSSIA-	Russia
Ketited 3. FATHER'S NAME	Jugat	14. MOTHER'S MAIDEN NAME	7143314
2 TATHER 3 NAME	-	1 4 A	
,	Balgi	Unknown	
5. Was Deceased Ever in U. S. Armed F	orces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
(lf yes, give war ar de	oles of service) SECURITY NO.	DR. D. J. PRASHM	. SINAI HOSPITAL.
No	212-09-389	4	
18. 150 X I	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION I		0	
LEADING TO DEATI	(A) IMMEDIATE CAL	ISE PULMONARY E	MBOCISM
(This does not mean the mode heart failure, asthenia, etc. If mean	di dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which couse			
ANTECEDENT CAUSI	ES		
DISEASES OR CONDITIONS, it	(B) DUF TO OR AS	A CONSEQUENCE OF:	
rise to the obove cause (A	s) sloting the		THE RESERVE THE PERSON
UNDERLYING CONDITION Iosi.	(c)		
15 0 X II			
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING CARCII	NOMA OF MAESOP	MAGUS & STOMACH
E TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE PROPERTY OF	TO THE SOL	1100 2 3101(1101)
	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. 1F	YES, WERE FINDINGS CONSIDERED
194. DATE OF OPERATION 198. CO WAS PI	erformed Implantation goe	SOJYU- IN CER	CHITTING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If In Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
DEATH (notify medical examiner)			
21D. TIME (Month) (Doy) (Yeo		21F. HOW DID INJURY OCC	CUR?
(APPROX.)	While At Not While Work At Work	e 🗍	
			2 12 1
22. I certify that W (this hospit	al) ottended the deceased from	2/8/1968	
that (i) (we) lost sow the deceo	sed olive on 2/24	1968 and that In (my	opinion deoth occurred on the dote
and hour and from the courses st	tated obove. (1) (Max) (did) (did)		
23A. SIGNATURE	1	saay strai seeim	23B, DATE SIGNED
1	M. An	ending Med. Staff [7]	2/2/1/1968
Am	OEGREE Phy	s. Director Phys	2 29 1100
23 C. PHYSICIAN'S NAME (Type)	I Pannin MN	23D. ADDRESS	- R
DR. D	J. IKHOHAN POLD	SINAI HOSPIT	AL OF BALTIMORE
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	Zac. NAIVE OF CEIVIETERS OF CR	240. EUCATION	(Side)
Burial 2/27/1	18 Glenhaven	Mem, Park Anno	Arundel Co. M.
25A. DATE REC'D BY HEALTH DEPT.			
(40 1) (41)	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	- 1717 CADDRESS / C/
2000 1000	25B. NAME OF REGISTRAR	Wm. Cook-Brook	S, Inc. 1217 St. Paul St.
VS 150-REV. 1/1/68	25B. NAME OF REGISTRAR	Wm. Cook-Brook	s, Inc. 1217 St. Paul St. Balto., Md. 21202

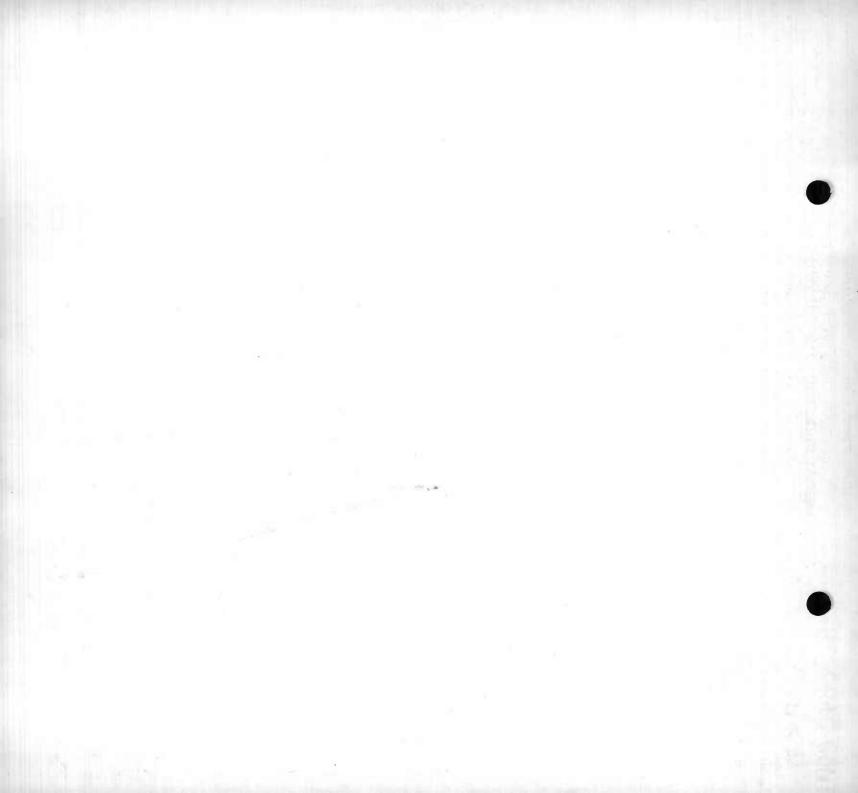




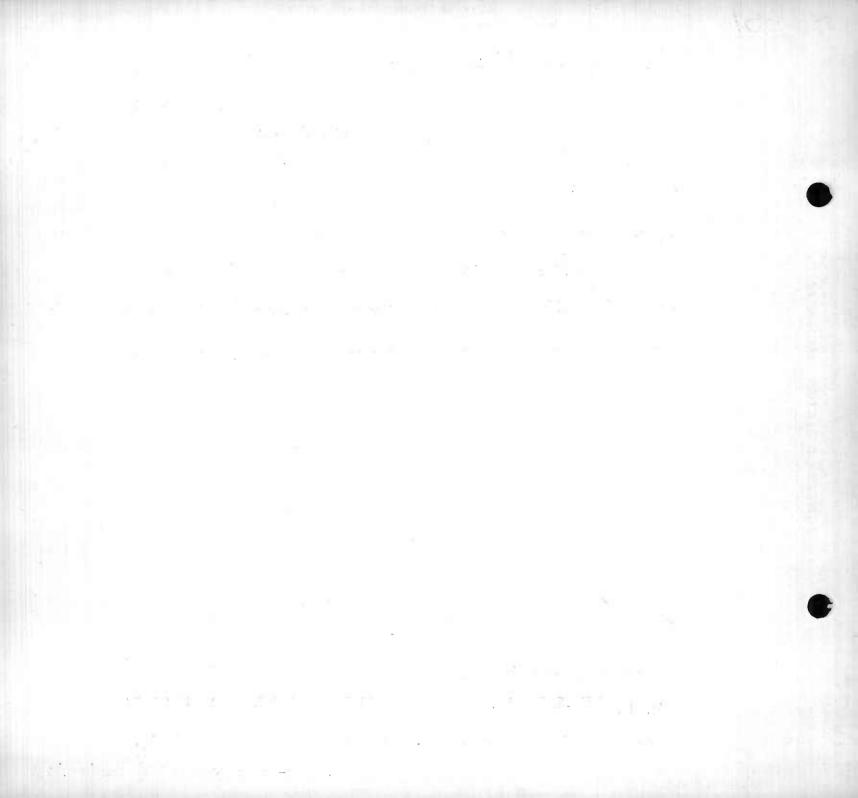
IMPORTANT

DIRECTOR:

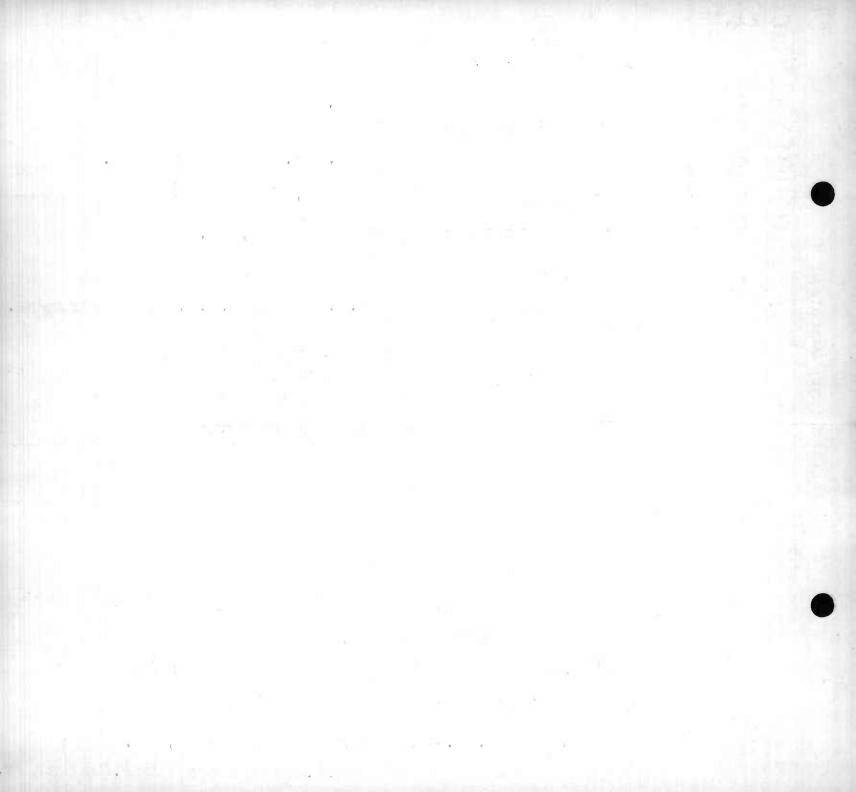
FUNERAL

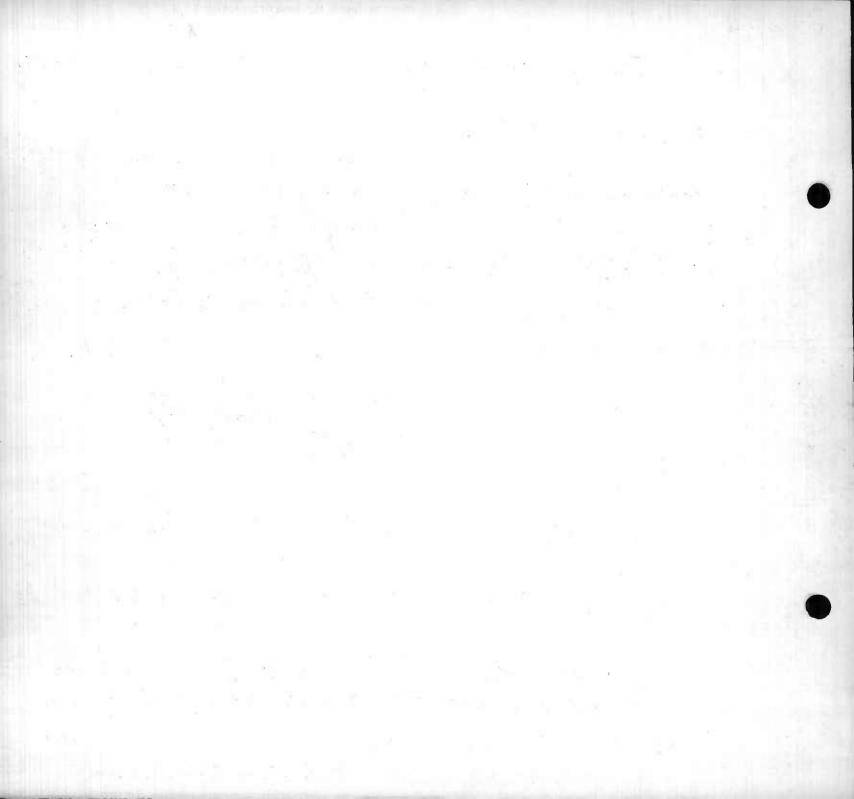


VS 150-REV. 1/1/68



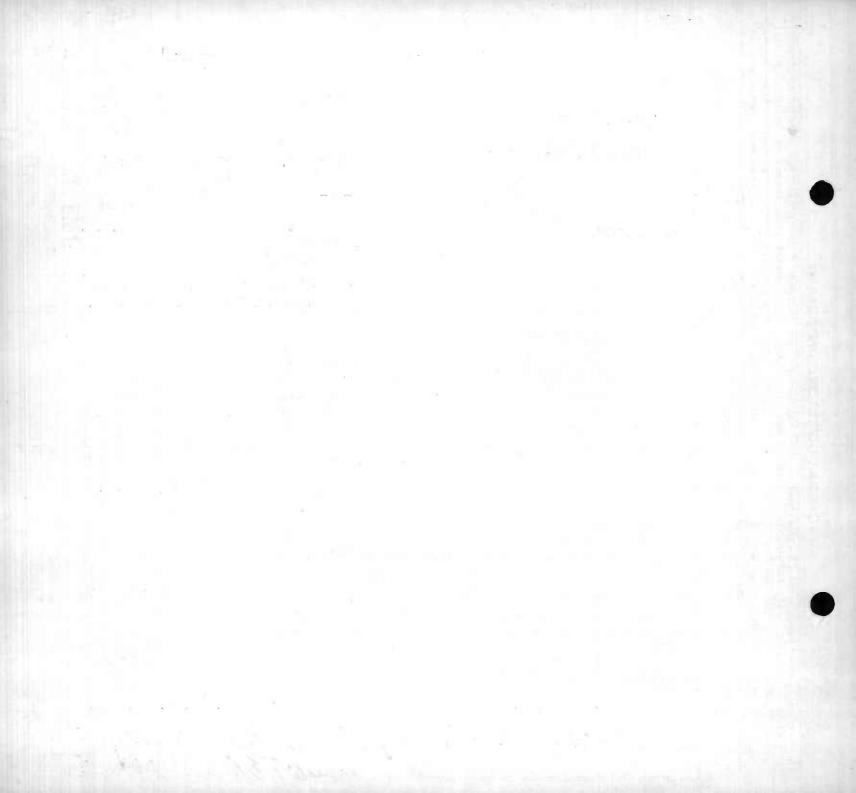
				Y HEALTH DEPART			00 0	200
DIDTH NO	68	3 - 222	23 CERTIFICA	TE OF DE	ATH RE	G. NO	68 27	223
I, NAME OF	DECEASED SISTER	MARY	SIEBA DEL	CHER ESM 2	DATE AND HOUR	OF DEATH		
(Typo or Print)	SR. MARY	SIEN	XA DEL	CHER	2.22.68		1 9.	30 AM
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONO	INCED DEAD	4. USUAL RESIDE	NCE (Where decoose B. COUNTY	d lived. If inst	itution: residence b	eforo odmission)
FULL NAME HOSPITAL OR	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	1	D. INSID	E CITY LIMITS?	
73	MT ST. F	tgnes	CONVENT	BALTIM E. STREET AND N			YES X NO	
/				Mr. ST	. AGNES	SMITH	AVE. 2	7-15
5. SEX	6. RACE	7. MARRIED [	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir last birthdo	yeors	If Under 1 Yr. 1 Months: Days H	Under 24 Hrs.
TOA USUAL O	CCUPATION (Give kind of world	WIDOWED			2000		12. CITIZEN OF W	HAT COUNTRY
done during mos	t of working lile, even if retired)				16			
13. FATHER'S		DISTE	ER OF MERC	14. MOTHER'S M.		•		
HE	NRY DELCHER			EMMA	HAYES			
15. Wos Deceo	sod Ever in U. S. Armed For own) (If yes, give war or dote	rces? os of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ALBIEG		ADDRESS	
				SR. M. MER	CITA R.S	.M. 5	801 SMI	TH AVE
1B. 4	10.91		CAUSE OF DEAT	гн			APPROXI	NATE INTERVAL
bis	EASE OR CONDITION DI LEADING TO DEATH	RECTLY		Myera	RDIAL IN	CARCTI	140	
	s nal mean the made of		DUE TO, OR AS	A CONSEQUENCE C	F:		217	
	ue, asthenia, etc. 11 means camplicotian which caused		ARTERN	SCLEROTIC	- CARDIOVA	K-DIS		
	ANTECEDENT CAUSES		(B) CHRON	IC CONGE	STIVE FAIL	LURE		
	OR CONDITIONS, if the obave couse (A)		DUE TO, OR A	S A CONSEQUENCE	OF:			
UNDERLY	ring CONDITION last.		(c) 1917K	HL INST	FFICITENC	¥		
	O   II  SNIFICANT CONDITIONS CO							
	OF OPERATION 198 CON	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY?			NDINGS CONSIDE	RED
19A. DATE	WAS PER	FORMED			IN CER	TIFYING CAUS	SES OF DEATH?	
OR CONT	IDENT WAS UNDERLYING TRIBUTING CAUSE OF otify modical examiner		PLACE OF INJURY (o.g., e, form, foctory, stroet,	in or obout 21 C. WH office bldg., INJURY	ERE DID DCCUR?	tl in Boltimoro	City, give exact loc	otion)
21D. TIME		(Hour) 21 E.	INJURY OCCURRED	21 F. HO	V DID INJURY OCC	UR?		
(APPROX.)		Whi	ile AI Not Whi					
22. I cert	tify that (I)(this hospita	l) attended tl	he deceased from	1964	19	ta te	l- 15	19 68
	we) last sow the decease	12	ter 15		and that in (my	(aur) apini	an deoth occurr	ed on the date
and hour	and fram the causes sta	ted above. (I	) (We) (did) (did not)	view the bady oft	er death.		23 B. DATE SIGNED	
23%, 3101	81101			ending Med	Staff Phys.		2.23	
23C. PHYSI	CIANS		DEGREE Ph	23D. ADDRESS	ctor Phys. L		0.05.	
NAM	FIDAN E 11	ALSH	MD	715 N	CHARLE			
24A. BURIAL (	CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CI		24D. LOCATION	(City	, town, or county)	(State)
BUR	0/0//	68 Mr.	ST. AGNES	CONVENT	BALTIM	ORE.	Mn.	
25A. DATE RE	C'D BY HEALTH DEPT.		F E TOUR		BALTIM DIRECTOR			_
	FEB 2 6 1968	Ubles	a c' doment	H.W.M	EARS & S	ON 80.	5 N. CAL	VERT S
VS 150-REV. 1	/1/6R							







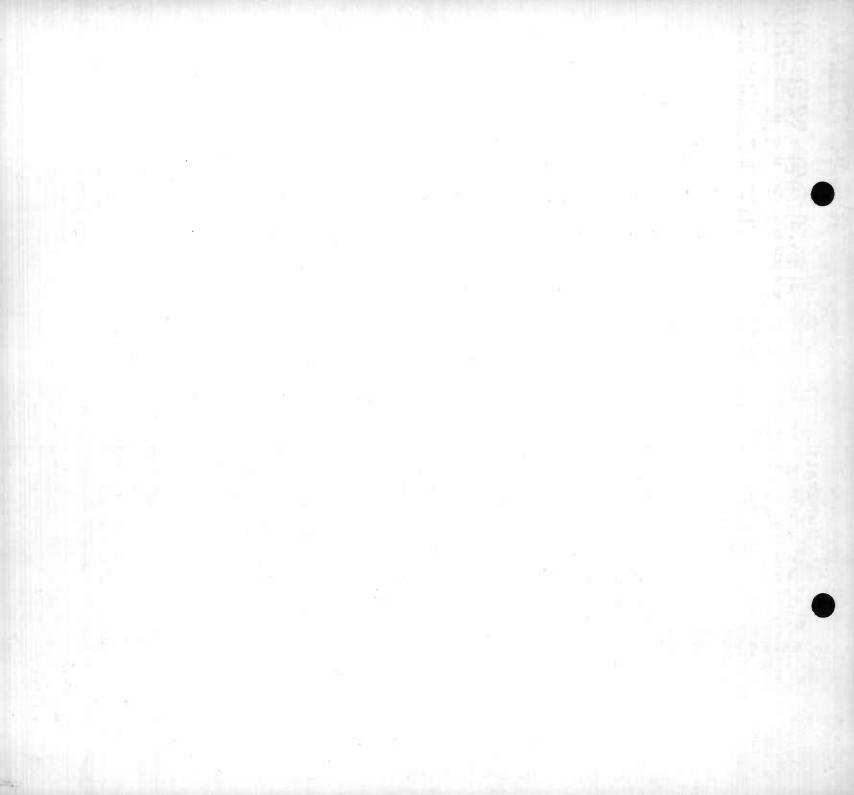
VS 150-REV. 1/1/68



MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn X Month Day Year Hour
THOMAS PATTERSON	OF DEATH Estimoted 2 25 68 2:30 at.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Feb. 25. 1968 2:30 a M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1 0	A. STATE B. COUNTY
Church Home and Hospital	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
MAKKIED CONTRACT MAKKIED	C. CITY OK TOWN
Male Colored   WIDOWED   DIVORCED	Balto. 2 NES NO NO
9. DATE OF BIRTH 10. AGE (In years II Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	E. STREET AND NUMBER
42M9. 1916 5240?	1414 E. Lombard St.
M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	"Millow Tattlesan
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
dane during mastef warking life, eyen if retired)	BahThe mc ( Muse
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANY ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	1. + Tatte - 27,78 fr F C
100	THE APPROXIMATE INTERVAL
19. F 9 6 8 1X CAUSE OF DEA	TH BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ASDIT	ation of blood due to fractures of nose.
LEADING TO DEATH	CAUSE ASMITHIAM TOTAL DINGER ASMITHIAM TO A SMITH MOVIES
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AUSE ASDITATION OF SHOOT AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANITECED EN L'ANICEC	uresxofznosexzrightzaxilla
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z CONDENTING CONDITION LAST. (C)	***************************************
E 5-983X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
	in ar about 22C. WHERE DID (If in Boltimare City, give exact location) to bidg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJUKY OCCURRED	Alley rear of 1400 blk E. Balto. St.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	122E HOWEDID INTUINV OCCUPY
(APPROX.)	Subject beaten during altercation
23. 25 68 2:00a WORK AT V	VORK XI   Subject beaten during altercation
1 certify that I held an Inquiry Inspection Au	tapsy 🔀 and that an this basis, death in my opinian
resulted from Matural cluses Accident Suicio	
resulted hardraft courses to Accident 1	CHIEF MEDICAL EXAMINER
ACTUAL TO ME	DATE SIGNED
SIGNATURE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER Feb. 25, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL) (Specify)	ar CREMATORY (240. TOCATION (City, town, or caunty) (Stote)
1 Le 100 100 1 + 1/30/68	Grerland n. C,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	D. 10. 11 1 10 50 6 0
FEB 26 1968 Of least E. Farbura	Wale 1. Klekern 129 11. anten
VS 151-REV. 1/1/6B	

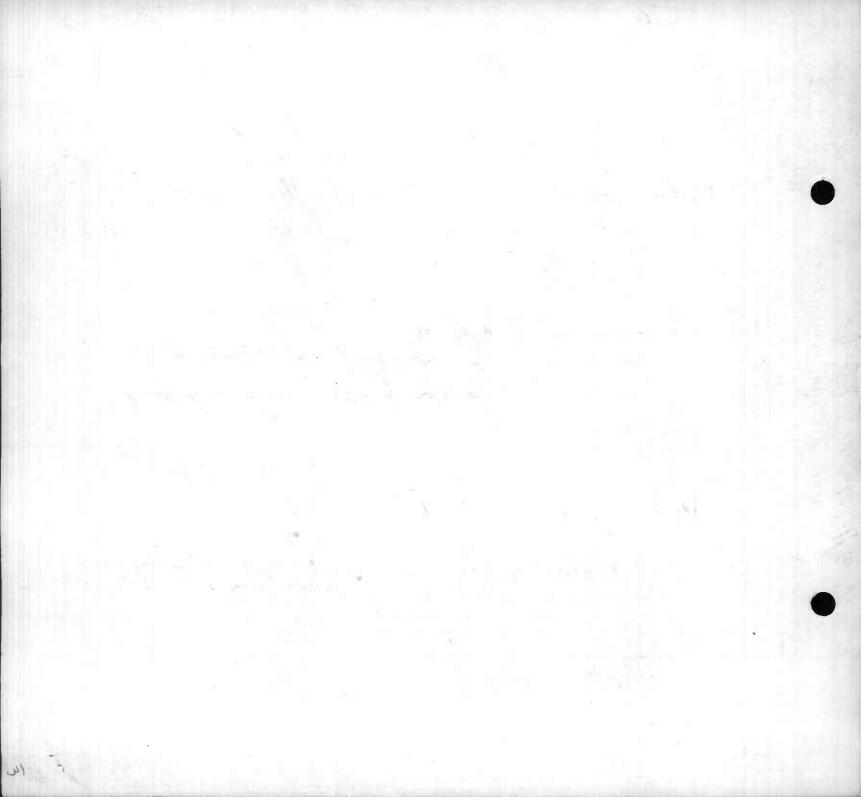
N = 02 0

VS 150-REV. 1/1/6B



68- 2229 BALTIMORE CITY HE	ALTH DEPARTMENT	9 0000
MEDICAL EXAMINER'S C	EDITIFICATE OF DEATH	8- 2229
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED	2. DATE Known Dy Month Doy	Yeor Hour
(Type or Print)  MARY ANN DARDEN	OF DEATH Estimoted 2 22	(0 ( 50 - 4
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	68 6:50 a M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1069 6.50
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 22 5. USUAL RESIDENCE (Where deceased lived. Il institution; re	1968 6:50 a M.
	A. STATE B. COUNTY	,
204 E. Lanvale St.	Maryland C. CITY OR TOWN D. INSIDE CITY	1 IAAITS 2
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITT OK TOWN	LIMITS:
Female Colored WIDOWED DIVORCED	Balto. YES:	K NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER	
Tet. 7, 1909 59	204 E. Lanvale St.	4900
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	7
norlock Va. WHAT COUNTRY?	Samuel Darnhell	,
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even, if retired)	15. MOTHER'S MAIDEN NAME	
Atuseu the	mattha I musle	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADD	RESS D
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	Theretwee 1/1/14 deal 21	ness hound
19. CAUSE OF DEA	THE PROPERTY OF THE	APPROXIMATE INTERVAL
154,11		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO OR 4		*****
heart follure, asthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
injury of complication which coused death.		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1 AST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1 AST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1 AST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1 AST	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 1 AST		21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 2	No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY  VINDERLYING FLOR CONTRIB.  122B. PLACE OF INJURY(e.g., home, form, foctory, street, office		No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.)	No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INLINEY	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.)  1NJURY OCCUR?	No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/ UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT MORK	in or obout 22C. WHERE DID (If in Boltimore City, give exoct 1 bldg., etc.) INJURY OCCUR?	No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, form, foctory, street, office of injury (e.g., home, form, foctory, street, office of injury (APPROX.)  23.	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?	No location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, form, foctory, street, office of injury (e.g., through CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  33.	in or obout 22C. WHERE DID (If in Boltimore City, give exoct 1 bldg., etc.) INJURY OCCUR?	No location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, form, foctory, street, office of injury (e.g., home, form, foctory, street, office of injury (APPROX.)  23.	in or obout 22C. WHERE DID (If in Boltimore City, give exoct be bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE ORK ond that on this basis, death in my op	No location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  3. I certify that I held on Inquiry Inspection Auresulted from: Notural causes X Accident Suicident S	in or obout 22C. WHERE DID (If in Boltimore City, give exoct be bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE ORK ond that on this basis, death in my op	No location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, form, foctory, street, office of injury (APPROX.)  ACTUAL  1 certify that I held on Inquiry WHILE AT WORK AT WORK Suicident Suicident Actual	in or obout 22C. WHERE DID (If in Boltimore City, give exoct to bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE ORK ON this bosis, death in my op to bloom on this bosis, death in my op to bloom on the original death of the bosis, death in my op the Homicide Undetermined monner	No location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection X Aurcident Suicident ACTUAL SIGNATURE	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  while ond that on this basis, death in my op topsy ond that on this basis, death in my op topsy Chief Medicide Undetermined monner Chief Medical Examiner ASSISTANT MEDICAL EXAMINER	No location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT WORK AT A COLOR OF THE CONTRIBUTION OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection A Underly Cause of Death	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE ON THE OWN OF THE OWN	No location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTHING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  3.  I certify that I held on Inquiry WHILE AT NOT WORK AT W  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE ORK Undetermined monner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Febr	No Date Signed Tuary 22, 1968
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT NOT NOT NOT WORK AT WORK ACTUAL SIGNATURE  EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE ORK Undetermined monner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Febr	No Date Signed Tuary 22, 1968
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  23.  I certify that I held on Inquiry Inspection Auresulted from: Notural causes X Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)  24C. NAME of CEMETERY	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE CORK DID UNDURY OCCUR?  WHILE CORK DID INJURY OCCUR?	DATE SIGNED  Tuary 22, 1968  Or county) (Stote)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  UTING CAUSE OF DEATH.  OF INJURY (APPROX.)  1 certify that I held on Inquiry WORK ATOM ATOM ATOM ATOM AND CONTRIBUTION OF INJURY (APPROX.)  23. I certify that I held on Inquiry Inspection AU RECIDENT ATOM ATOM ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  EXAMINER SAMINER (Type)  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR	in or obout 22C. WHERE DID (If in Boltimore City, give exoct to bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE  topsy	No Date Signed Tuary 22, 1968
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  23.  I certify that I held on Inquiry Inspection Auresulted from: Notural causes X Accident Suicide ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)  24C. NAME of CEMETERY	in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE CORK DID UNDURY OCCUR?  WHILE CORK DID INJURY OCCUR?	DATE SIGNED  Tuary 22, 1968  Or county) (Stote)

A 2 M . 1 . Harden Alethor St. 18 8 



R-162

68- 2231 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	EVAMIII JEIL O	CENTILICATE		PEATITION .

	MED		SATIMORE CITY HE	CERTIFICATE OF D	EATH	68- 2231	
BIRTH NO.	MLD	ICAL L	.AAMIIAEK 3 C	LKIII CAIL OI D	REG. NO	70.002	
NAME OF DEC		DODEDO	ON	OF	onth Doy	Yeor Hour	
DIAGE IN DAI		ROBERS		DEATH Estimoted L		М.	
ULL NAME OF	TIMORE, MARYLAND, V (IF NOT IN HOSPITA			PRONOUNCED DEAD	onth Doy	Yeor Hour	
OSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	IION, GIVE STREET	Fe	ebruary 21,	1968 9:45 P <sub>M</sub>	
1				5. USUAL RESIDENCE (Where dec	eosed lived, If institution: B. COUNTY	: residence before odmission)	
	438 E. Madiso			Maryland			
SEX	7. RACE	B. MARRIED	□ NEVER MARRIED □	C. CITY OR TOWN	D. INVIDE CIT	TY LIMITS?	
Male	Negro	WIDOWED		Baltimore	/ OE	S NO .	
DATE OF BIRTI	H 10. AGE (lost birthdo	n yeors If I	Under 1 Yr. If Under 24 Hrs. nths   Doys   Hours   Min.	E. STREET AND NUMBER			
San19	19/2 43	3'		1438 E. Madi	ison Street		
BIRTHPLACE	tote or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
	110		WHAT COOKINT:	Untens	revol		
	PATION (Give kind of work vorking life, even if retired)	14B. KIND OI	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME			
Fd.	mer			Unkno	wa		
S. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18 INFORMANT	. AC	DDRESS	
MA	YUMLIE Was		SECONITY TO	X1108811 1	heren.	91871, actions	1
19.	1 9		CAUSE OF DEAT	TH \		APPROXIMATE INTERVAL	
DISEAS	E OR CONDITION DIRE	CTIV	Arterio	sclerotic cardiova	ascular dise		
	LEADING TO DEATH	CILI	(A)IMMEDIATE C				
(This does n	ot mean the mode of dy, osthenia, etc. It means the	ing, e.g.,		S A CONSEQUENCE OF:			
	plication which caused de						
	HTECEDENIT CALLCEC		40.00				
	NTECEDENT CAUSES OR CONDITIONS, IF ANY	. GIVING	(B) DUE TO, OR	AS A CONSEQUENCE OF:			
RISE TO THE	ABOVE CAUSE (A) STA	TING THE					
Z	TO CONDINON LAST.		(c)				
4 2 2 2 3	II ILFICANT CONDITIONS CO	ONITRIBUTION					
TO THE DEA	ATH BUT NOT RELATED TO	THE TERMINA					
	CONDITION GIVEN IN P		R WHICH OPERATION WA	S DEDECTOMEN		21. AUTOPSY? (Yes or No)	
5 J	OF ERAIIOI V	ADIIIOIA FO	K WHICH OF EKAHOIA WA	IS FERFORMED			
22A. EXTER	NAL CAUSE WAS	laan	DIACE OF INITIDA		P-lei	Yes	
	OR CONTRIB-	hon	ne, form, foctory, street, office	in or obout 22C. WHERE DID (If in bldg., etc.) INJURY OCCUR?	boilimore City, give exo	cr roconon)	
	USE OF DEATH.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OOF BUILDING OCCURRED	225 11011120 1111110	V OCCUPA		
OF INJURY	(Month) (Doy) (Yeo	r) (Hour)	22E. INJURY OCCURRED WHILE AT NOT	WHILE	Y OCCUR?		
(APPROX.)		m.	WORK AT W				
23.	the above 1 bodd on 1				barata da ak ta		
		nquiry			basis, death in my	apinion	
result	ted fram: Natural cau	ses X	Accident Suicid		letermined manner		
ACTUAL	(0)	1, 1	1-	CHIEF MEDICAL EXAM		DATE SIGNED	
SIGNATI		٠, ٩	7 Jul M.D	ASSISTANT MEDICAL EXAM			
EXAMIN NAME (1	ER'S Charles	S. Spr	ingate, M.D.	ASSOCIATE MEDICAL EXAM	MINER L Febr	uary 21, 1968	
AA. BURIAL CRE		1 /	4C. NAME OF CEMETERY	or CREMATORY 24D. LOC	ATION (City, town	, or county) (Stote)	
Bal A sol	7112	7/10	BILL	Natt (om 1	Silo m.	d.	
SA. DATE REC'D	BY HEALTH DEPT.	ZSB. NAM	E OF REGISTRAR	2SC. FUNERAL DIRECTOR	PALA	DDRESS	72
				mit 5	Eliste.	1150806.1	
	EB 2 5 1968	12 Pm	5 2 For Benna	men 6	cueffell's	11dy DICKAR	all a
S 1S1-REV. 1/1/68	3						21

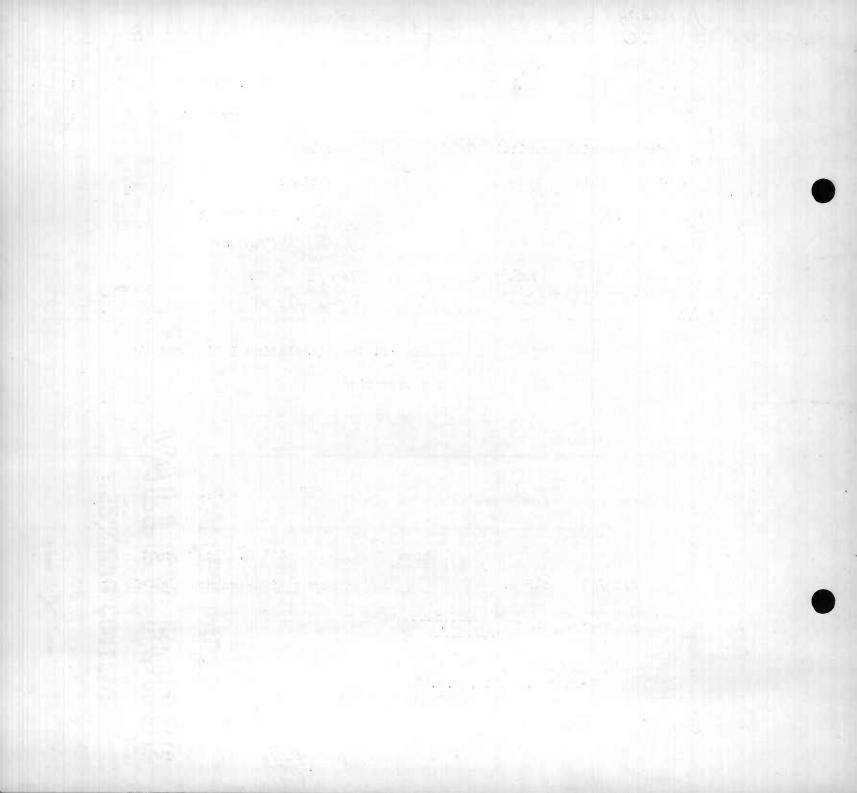
5-162 68-2232	BALTIMORE CITY HEALTH DEPARTMENT	00 2202
	CERTIFICATE OF DEATH	REG. NO.
BIRTH NO.  1, NAME OF DECEASED		D HOUR OF DEATH
(Type of Print)	2. 0011	2-23-68 BA.M
SPRUCEBANK WILLIAM M	LA LISUAL PESIDENCE (When	e daceased lived. If institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	A. STATE B. COUNT	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ION, GIVE STREET MARYLAND	12-07
HOSPITAL OR ADDRESS OR LOCATION)	C. CITT OK TOTAL	D. INSIDE CITY LIMITS?
18 11 11 11 11 11 11 11 11 11 11 11 11 1	BALT/MORE	YES NO NO
CNION MEMORIAL HESPT	E. STREET AND NUMBER	2=22
44	HAMDEN A	VE, 2/23
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED B. DATE OF BIRTH	O. AGE (In years If Under 1 Yr., If Under 24 Hrs. ost birthday) Months! Doys Hours! Min.
M WIDOWED TX		ost birthdoy 9/ Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B		n country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	MARYLAND	AMERICAN
RETIRED		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	(C1 ×1
UNKNOWN GEOLDMSD	YUCE BEAK UNKNOW!	V SALINZ Debow
	6. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
1/4		chank 2723 Hampdon Ave
118.	CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	6	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Barocha	meumonia
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSE CONSEQUENCE OF:	(1) 1(ECC 3) 10 4) 1CU
hearl foilure, osthenia, etc. It meons the disease, injury or complication which coused deoth.)		
ANTECEDENT CAUSES		
	DUE TO, OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the	Due 10, Ok AS A CONSEQUENCE OF.	Dr Vou
UNDERLYING CONDITION iosi.	(c)	Dr. Yerr
-491X II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
U ITO A DATE OF OBERATION TOP COMMITTON FOR MIL	HICH OPERATION 20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WH		IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED		
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in a about 21 C. WHERE DID form, foctory, street, office bldg., INJURY OCCUR?	(If In Boltimore City, give exact location)
DEATH (notify medical examiner)  196. CONDITION FOR WE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. Pl home, etc.)	LACE OF INJURY (e.g., in or obout form, foctory, street, office bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF Contribution (Contribution Contribution Contr	NJURY OCCURRED 21F. HOW DID INJU	(If In Boltimore City, give exact location)
21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While	NJURY OCCURRED 21F. HOW DID INJU	(If In Boltimore City, give exact location)
O 21A. ACCIDENT WAS UNDERLYING 21B. PHOOME, CAUSE OF DEATH (notify medical examiner) 21B. PHOOME, CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. II While Work	NJURY OCCURRED 21F. HOW DID INJU	(If In Boltimore City, give exact location)  URY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B, Pl home, etc.)  21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. 1 certify that (I) (this haspital) attended the	NJURY OCCURRED  At   Not While   At Work   deceosed fram   1	(If In Boltimore City, give exact location)  JRY OCCUR?  9 68 to 2 - 23 - 19 68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. Plane (notify medical examiner)  210. TIME (Month) (Doy) (Year) (Hour)  210. TIME (Month) (Doy) (Year) (Hour)  2110. TIME (Month) (Doy) (Month) (Doy) (Month) (Doy) (Month) (Mo	NJURY OCCURRED  At   Not While   At Work   At	(If In Boltimore City, give exact location)  URY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B, Pl home, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, II While Work  22. 1 certify that (I) (this haspital) attended the	NJURY OCCURRED  At   Not While   At Work   At	(If In Boltimore City, give exact location)  JRY OCCUR?  9 68 to 2 - 23 - 19 68
218. ACCIDENT WAS UNDERLYING 218. PI OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. 1 certify that (I) (this haspital) attended the that (I) (we) last saw the deceased olive on	NJURY OCCURRED  At Not While At Work  deceosed from 2 - 6 - 1  2 - 2 3 19 6 ond the (We) (did) (did not) view the body ofter deoth.	(If In Boltimore City, give exact location)  URY OCCUR?  9 65 to 2 - 23 - 19 8  of in(my) (our) opinion death occurred on the date   238, DATE SIGNED
O 21A. ACCIDENT WAS UNDERLYING 218. Pl. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. 1 certify that (1) (this haspital) attended the that (1) (we) last saw the deceased alive on and hour and fram the causes stated above. (1)	NJURY OCCURRED  At Not While At Work  At Work  Accepted from 2 - 6 - 1  2 - 2 3 19 6 ond the other with the body ofter death.  Attending Med.	(If In Boltimore City, give exact location)  JRY OCCUR?  9 65 to 2 - 23 - 19 6 8  of in(my) (our) opinion death occurred on the date  23B. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. Phome, etc.)  OR CONTRIBUTING CAUSE OF home, etc.)  21D. Time (Month) (Doy) (Year) (Hour) 21E. II While Work  22. 1 certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive on and hour and fram the causes stated above. (I) 23A. SIGNATURE	NJURY OCCURRED  At   Not While   At Work   At Work   At Work   Not While   Not	(If In Boltimore City, give exact location)  JRY OCCUR?  9 65 to 2 - 23 - 19 8  of in(my) (our) opinion death occurred on the date
OF INJURY  APPROX.)  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. II While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive on and hour and fram the causes stated obave. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	NJURY OCCURRED  At   Not While   At Work   At Work   At Work   At Work   At Work   At Work   Attending   Med.   Director   Med.   Director   Med.   Director   Med.   Director   Med.   Director   Med.   Med.   Director   Med.   Med.   Director   Med.   Med.	(If In Boltimore City, give exact location)  URY OCCUR?  9 65 to 2 - 23 - 19 8  ot in(my) (our) opinion death occurred on the dat  23B. DATE SIGNED  2 - 2 3 - 68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. 1 certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (I) (23A. SIGNATURE)  23C. PHYSICIAN'S NAME (Type)  DR. SARAVUT SRIFUENGFUNG	NJURY OCCURRED  At   Not While   At Work   Attending   Med.   Director   Attending   Attending	(If In Boltimore City, give exact location)  URY OCCUR?  9 65 ta 2-23-1968  of in(my) (our) opinion death occurred on the dat  23B. DATE SIGNED  2-23-68
218. Phome, contributing Cause of DEATH (notify medical examiner)  210. TIME (Month) (Doy) (Year) (Hour)  210. TIME (Month) (Doy) (Year) (Hour)  2110. TIME (Month) (Toy) (Year) (Hour)  2110. TIME (Month) (Doy) (Month) (Doy) (Month) (Doy)  2110. TIME (Month) (Doy) (Month) (Doy) (Month) (Doy) (Month) (Doy) (Month) (Doy) (Month) (Month) (Month) (Month) (Month) (Month	NJURY OCCURRED  At   Not While   21F. HOW DID INJURY OCCURRED  At   Work   19	(If In Boltimore City, give exact location)  URY OCCUR?  9 65 to 2 - 23 - 19 8  ot in(my) (our) opinion death occurred on the dat  23B. DATE SIGNED  2 - 2 3 - 68
21A. ACCIDENT WAS UNDERLYING 218. PHOME, CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work  22. 1 certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DR. SARAVUT SRIFUENGFUNG	NJURY OCCURRED  At   Not While   At Work   Attending   Med.   Director   Attending   Med.   Director   Attending   THE UNION MEN   Attending   Attendi	(If In Boltimore City, give exact location)  URY OCCUR?  9 65 ta 2-23-1968  of in(my) (our) opinion death occurred on the dat  23B. DATE SIGNED  2-23-68
218. Phome, etc.)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive on and hour and fram the causes stated above. (I) (23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DR. SARAVUT SRIFUENGFUNG  24A. BURIAL CREMATION, 24B. DATE (24C. NAM REMOVAL (Specify))  25A. DATE REC'D BY HEALTH DEPT. (25B. NAME OF	NJURY OCCURRED  At   Not While   At Work   At	(If In Boltimore City, give exact location)  URY OCCUR?  9 65 ta 2-23-1968  of in(my) (our) opinion death occurred on the dat  23B. DATE SIGNED  2-23-68
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Haur)  21E. II While (APPROX.)  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive on and hour and fram the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  DR. SARAVUT SRIFUENGFUNG  24A. BURIAL CREMATION, REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	NJURY OCCURRED  At   Not While   At Work   At	(If In Boltimore City, give exact location)  URY OCCUR?  9 65 to 2 - 23 - 19 8  ot in(my) (our) opinion death occurred on the dat  23B. DATE SIGNED  2 - 2 3 - 68  AORIAL HOSPITAL  OCCATION (City, town, or county) (State)  220 Ave Balk Mai
21A. ACCIDENT WAS UNDERLYING   21B. PI   21B.	NJURY OCCURRED  At   Not While   At Work   At	(If In Boltimore City, give exact location)  JRY OCCUR?  9 6 to 2 - 23 - 19  ot in(my) (our) opinion deoth occurred on the do  Staff Phys.  23B. DATE SIGNED 2 - 23 - 68  AORIAL HOSPITAL  OCATION (City, town, or county) (State)  210 fve Baltollia

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	11 (
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privatiten approval must be obtained before the remains are embalmed or final disposition is made.	100
body ws: (1) D.O.	-
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FUNERAL DIRECTOR: IMPORTANT

-	Salar to	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	0 60 0005
	011	CERTIFICA	TE OF DEATH	REG. NO.	68-2235
BIR	ATH NO. Callaway, Md.	CERTITION		ND HOUR OF DEAT	THE STATE OF THE S
(Ту	pe or Print JORDAN, JEREA	MAH JR	Fe	6. Z\$, 196	8 420 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe		f institution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARY/LAND c. CITY OR TOWN		nint Marys /
	JOHNS HOPKINS HOS	SPITAL	CALLANAY Ca	illaway	YES NO 🔯
	33		Box 88		68-00
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		WED DIVORCED	Feb. 21, 1968		3 13
	N. USUAL OCCUPATION (Give kind of work 108, KIN the during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY
		~	CALLAWAY, M	11	US
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	JORDAN, JEREMIAH		MADDOX, C	ONNIE	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	_			
	18.778.21	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		0.5		
	LEADING TO DEATH (This does not meon the mode of dying,	(A) IMMEDIATE CAU	SE PREMATU	RITY	3 days
	heart failure, asthenia, etc. It means the dis	eose, DUE TO, OR AS A	A CONSEQUENCE OF:		
	injury or complication which coused death.)				White the second second
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, or rise to the obove couse (A) stoting		a Consequence of:		
	UNDERLYING CONDITION lost.	(C)			
6	771,5 11				
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	ING GAS	TRIC BLEED!	N6	
TAS	DISEASE OR CONDITION GIVEN IN PART 1 (A).				BE FINDINGS CONSIDERS
RTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No		RE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	No (If In Boltin	more City, give exact location
7	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ice bldg., INJURY OCCUR?	(11 111 00111)	more City, give exoct location)
1CA			015		
MEDI	OF INJURY		21F. HOW DID INJ	URY OCCUR?	
<	(APPROX.)	While At Work Not While At Work			
	22. I certify that (1) (this hospital) atten		2123/68	19to	2/24/68 19
	that (1) (we) last sow the deceased olive	on 2/24	19 6 8 ond th	not in (my) (our)	opinion deoth occurred on the dote
	and hour and from the causes stoted obo	ve. (I) (We) (did) (did not) v			
	23A. SIGNATURE	2 4 4	,	,	23B. DATE SIGNED
	Stanche (	PITA Phin	nding Med.	Stoff Phys.	2/24/68
	23C. PHYSICIAN'S	DEGREE	3D. ADDRESS		
	NAME (Type) BLANCHE AL	TER		PKINS F	HOSP, BALTIMORE, MI
24,	A. BURIAL CREMATION, 248, DATE 2	DEGREE 4C. NAME of CEMETERY OF CRE			(City, town, or county) (State)
	REMOVAL (Specily)		11		
	REMATION 2-24-68	JOHNS HOPKINS H		ALTIMORE,	MARYLAND ADDRESS
251	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO		- MOLTO CO C AND KESS
	DED 4 (19b8 (1) )	BY S. STOP THE MAR	PE (	CDILIV	DISPOSAL.

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5-552 68- 2	236 CERTIFICA	HEALTH DEPARTMENT	REG. NO.	68-2236
BIRTH NO.	COU CERTIFICA			
T. NAME OF DECEASED (Type or Print)	∧ Smink	FEB	23. 1968	/1.00 P
3. PLACE IN BALTIMORE, MARILAND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence before admission)
		A. STATE B. COU	NIY PA	00.1. 52 00
FULL NAME OF (IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION) INSTITUTION	IIIU IION, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
ST AGNES HOSPITAL		BALTO		YES 📉 NO 🗌
HO ST AGINES HOST TIAL		E. STREET AND NUMBER	NOTON AVE	
	V		INGTON AVE	
A4 5.4	INEVEK MAKKIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M WIDOW		9-14-92	/5	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			eigh county/	
	SPAPER	MARYLAND  14. MOTHER'S MAIDEN NA	AAF	USA
13. FATHER'S NAME				
FRANK	19 /	KATE FRANT		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)				S AVE ADDRES ALTO, MD
NO	216-05-898		HOSPITAL RI	
18. / 6 / 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		74	0-1	
(This does not meen the mode of dying, e.	g., (A) IMMEDIATE CAU	se Tumoral consequence of: in noted	cochety	10
heort foilure, asthenio, etc. it meons the diseo injury ar camplication which caused death.)	se,			
ANTECEDENT CAUSES	100 Diser	musted	Metasto	
DISEASES OR CONDITIONS, if ony, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:		
rise Ia Ihe abave couse (A) slaling I UNDERLYING CONDITION lost.	he (c) Parana	elu genia	Carcino	wal
763X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	al 208 is vec Webs	FINDINGS CONSIDERED
WAS PERFORMED	K WHICH OFERATION	XXXXX NO	IN CERTIFYING CA	
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimor	re City, give exoct location)
	etc.)	noo siogy into an o occur		
OF INJURY (Month) (Doy) (Year) (Hour)	TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
<   A BBBOV)	While At Not While Work At Work			
22. I certify that () (this haspital) attende		B 17	19 68 to FEB	23 19 68 .
that X) (we) last saw the deceased alive a		4.0		nian death accurred an the date
and haur and fram the causes stated abave				
23A. SIGNATURE	, AAAAA			23B. DATE SIGNED
Merruphon laur	1/10 Phys	Med. Director	Staff Phys.	02/23/68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
A. MEJIA. M D	\$	T AGNES HOSP	ITAL-WILKE	NS AND CATON AVE
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
Burial Feb.27.1968 L	oudon Park Cem.	Rel	to. Md.	
		DOM		
	E OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS
FEB 27 1968 Of Color E. To				ADDRESS derick Ave. Balto. Md

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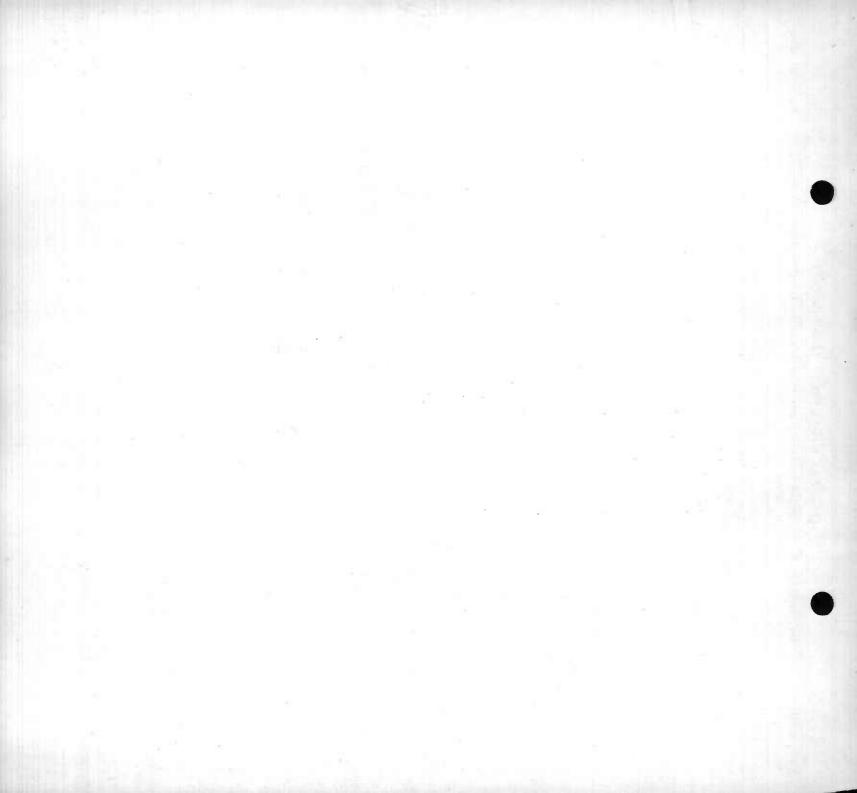
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BETWEEN ONSET AND DEATH

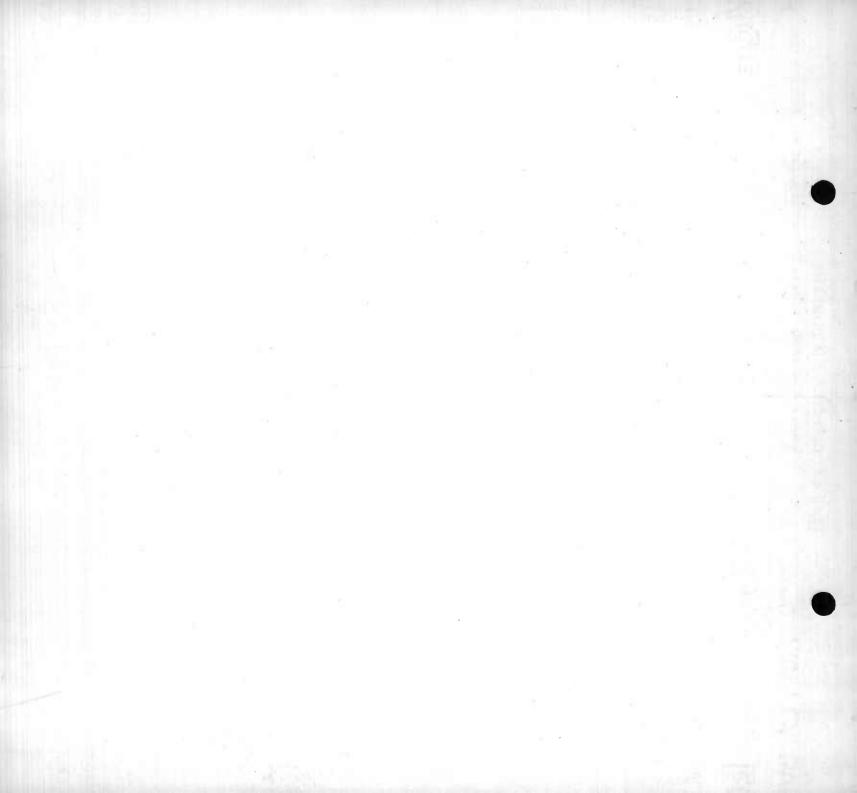
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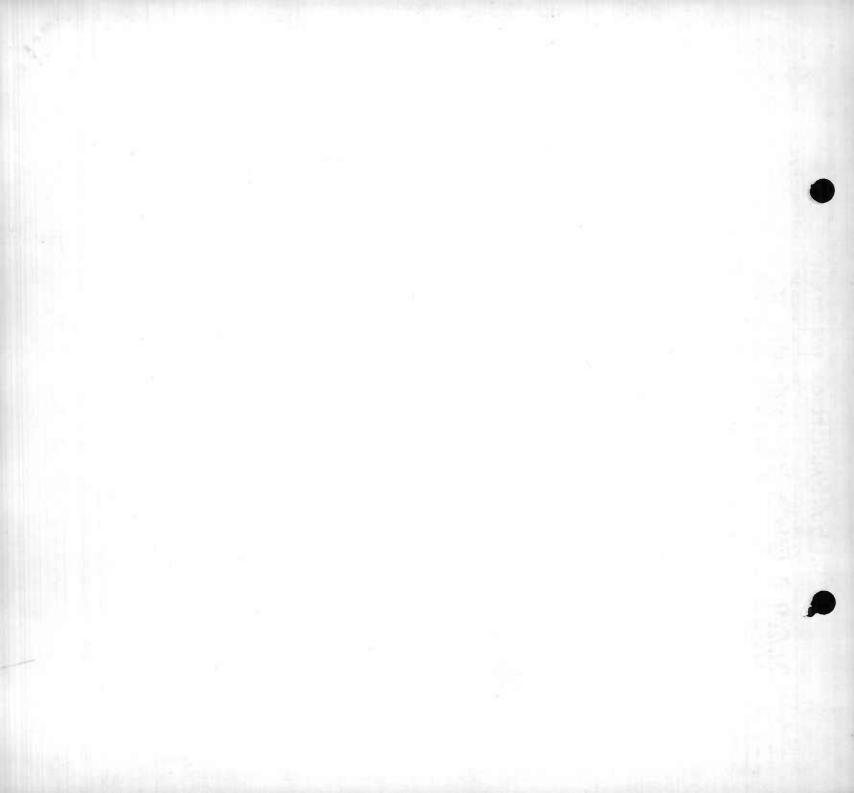


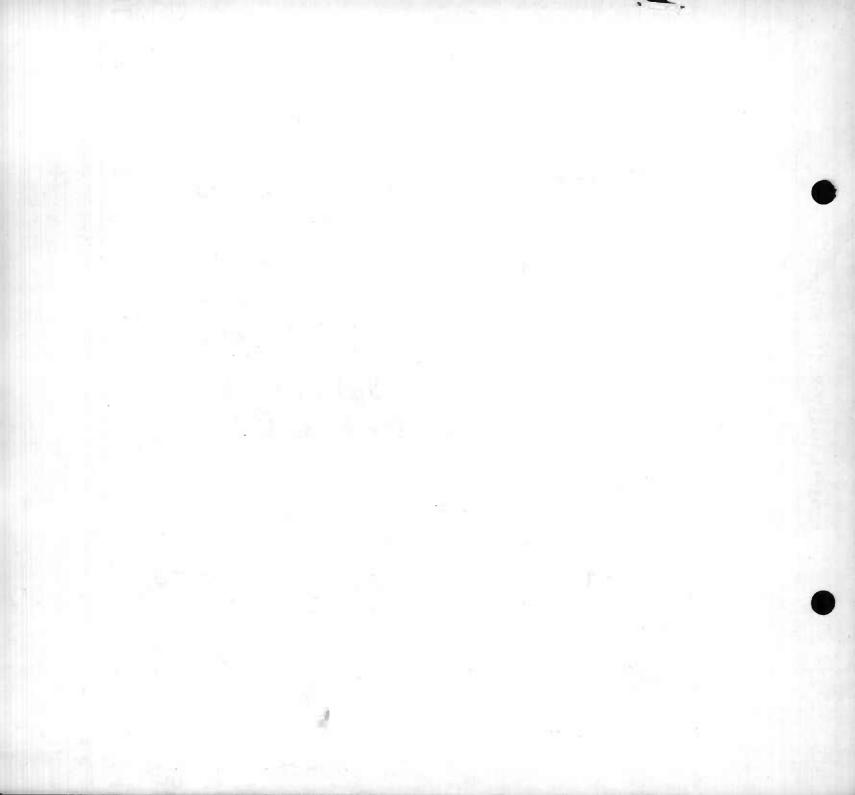
IMPORTANT

FUNERAL DIRECTOR:



U-25068-03400 68- 2240		HEALTH DEPARTMENT		68- 2240
BIRTH NO.  M.E. CASE NO. KEVIN DIXON	CERTIFICA	TE OF DEATH	Registered Na	00 1014 10
T. NAME OF DECEASED (Type or Print)  KEVIN DIXO	N		7/68	2.04 P. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		IIA STATE R COIIN	TY	titutian: residence befare admission)
FULL NAME OF (If net in hespitat ar institution, give	street			ZE HOSPITAL
HOSPITAL OR eddress er lecotien) INSTITUTION		C. CITY OR TOWN (If eut		
FRANKLIN SQUARE	HOSPITA	D. STREET ADDRESS (IF	urel, give lecetion) 24	30 FREDERICK, AV
	VER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 2/17/68	P. AGE (In years est birthdey)	If Under 1 Yr. If Under 24 Hrs Menths Deys Heurs Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn ceuntry)	12. CITIZEN OF WHAT COUNTRY?
ene during mast af warking life, even if retired)		FRANKLIN SQ	MARE HOSPITA	WALL CONTRA
3. FATHERS NAME		14, MOTHER'S MAIDEN NAM	AE	
JAMES DIXON		HATTI	E WE	STBROOK
S. Was Deceased Ever in U. S. Armed Farces?  'es, na ar unknawn) (If yes, give war ar dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. — — — — —	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) 1	TN MATU	ZITY	
(This does nel mean the made of dying, e.g., heert failure, asthenie, etc. It meens the disease,				
injury or camplication which caused death.)	493	FNMATI	1 aity	
ANTECEDENT CAUSES	DUE TO			**************************************
DISEASES OR CONDITIONS, if eny, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes ar No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218, PL.	ACE OF INJURY (e.g., inform, factory, street, a	n or ebout 21 C. WHERE DID INJURY OCCUR?	(If in Battimare	City, give exact lacation)
21D. TIME (Menth) (Day) (Year) (Haur) 21E. IN	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) White	At Not While At Werk			
22. I certify that (I) (this hospital) attended the			0 4-	10
that (I) (we) last saw the deceased alive an			9ta	
			if in(my) (dur) dpin	ian death accurred an the da
and have and from the causes stated above. (1) (1)		lew the bady after death.		23 B. DATE SIGNED
Just & free	M.D. Alle	ending Med.	Stoff Phys.	2/18/68
23C. PHYSICIAN'S NAME (Type) JUAN A. QUI	ERALT M.D.	23D. ADDRESS FRANKLI	V SZUAR	E HOSPITAL
4A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify)	52. HOS	EMATORY 24D. LC	ALTO A	, town, ex county) (State)
FEB 27 1968 P. O. H. S. Jackson	2 7	25C. FUNERAL DIRECTOR	AT. DISPOS	SAL
S 150-REV. 1/1/65	V	HOOFIT	TI DIOLO	V 200 day





T 1/25 BALTIMORE CITY	Y HEALTH DEPARTMENT
# - 425 BIRTH NO. 63-14921 68- 2242 CERTIFICA	ATE OF DEATH REG. NO. 68- 2242 C
I.NAME OF DECEASED (Type or Print)  WESTLY FULGHAM, JR	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decosed lived. If institution; residence before admission.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	MARYLAND BALTIMORE CLTY  C. CITY OR TOWN  D. INSIDE CITY MAIS?
Johns Hopkins Hospital	BALTIMORE YES NO
33	326 EAST FEDERAL STREET
S. SEX Nale 6. RACE VEGYO 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF SIRTH  9. AGE (In years lost birthday)  6-9-63  4  If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
sone during most or working life, even it fained)	MARYLAND
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WESTLEY FULGHAM, SR.	DIANA DAVIS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
JECOKIII NO.	DIANA FULCHAM 410 E 222 Street
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEA:
TISE to the obove couse (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)	office bidg., INJURY OCCUR? 3226 Federal St., Bulto 2-0
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) Feb. 14, 1468 noon While At Work At Work	le Cas Howater line from coal typhace
22. I certify that (1) (this hospital) attended the deceased from	419/48 19 68 ta 2726 19 68
that (I) (we) lost saw the deceased alive an 2/26	1968ond that in(my) ( opinion death accurred on the da
and hour and from the couses stoted obave (1) (1) (did) (literal)	view the body ofter deoth.
23A. SIGNATURE	ending Med. Stoff Soft
23C. PHYSICIAN'S NAME (Type)	THE JOHNS HOPKINS HOSPITAL
M. A. SIMMONS  OBJUST 124C. NAME of CEMETERY OF CR	
Butta / 2/29/28 Mt. CALVARY	d a second
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS WAS MIRRICH 928 E. NORTH AVE.
EEB 27 1968 Report E, Farbura	WM MAKER THE E. MOKIN AVE.

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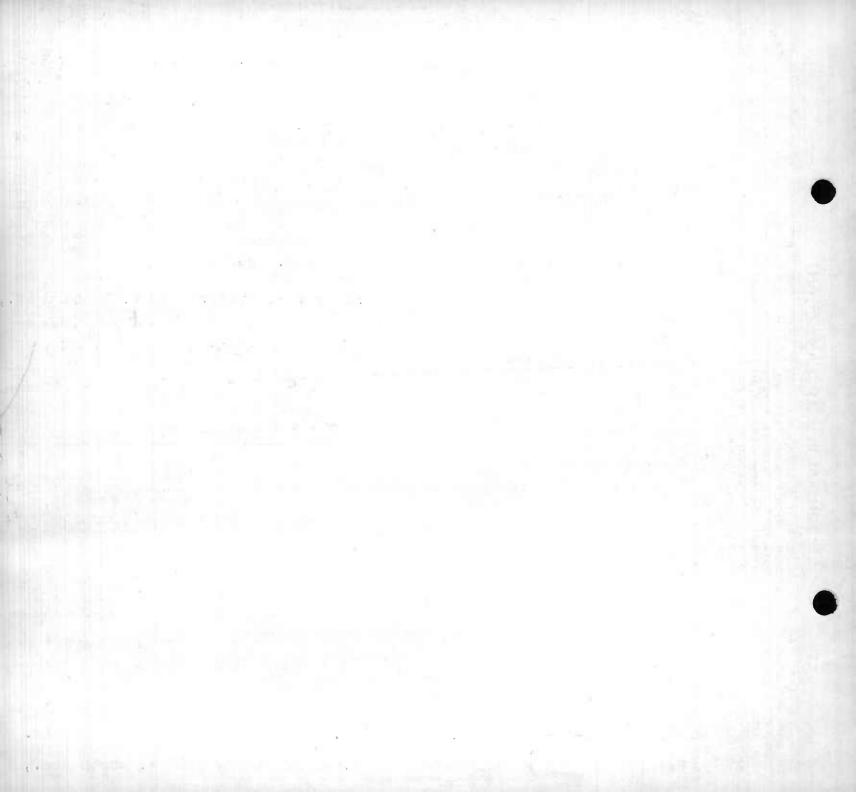
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Street Rical St. Hallon

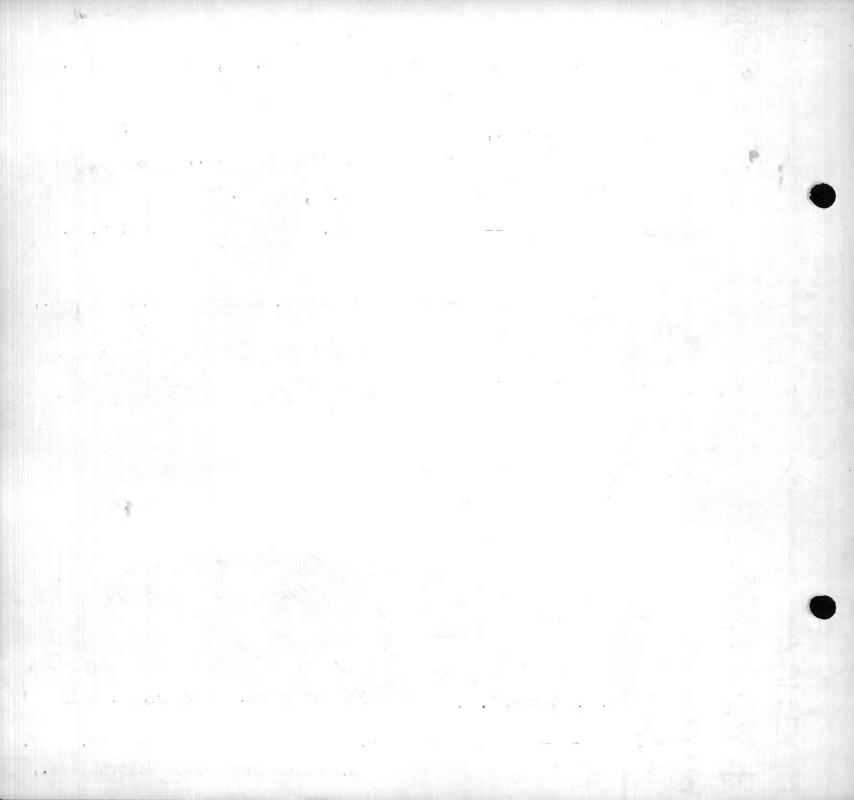
Partition of the bill all

2/20/68

BALTIMORE CITY	Y HEALTH DEPARTMENT 68- 2243
BIRTH NO. 68- 2243 CERTIFICA	ATE OF DEATH
Type or Print) Fisher Onville L.	2. DATE AND HOUR OF DEATH 2-25-68 9.045 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Baltymore mary land 2000   C. CITY OR TOWN D. INSIDE CITY LIMITS?  Saltymore YES NO
42 Dinai Hospital.	E. STREET AND NUMBER 2530 W. Loon band St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years tost birthdoy)  9. AGE (In years tost birthdoy)  1. If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Lathe Man Koppers Co.	Balting U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Scott Fisher	Iona M. Pearce
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no second no.	Mildred I. Fisher 2530 W. Lombard St.
heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21B. PLACE OF INJURY (e.g., home, form, foctory, street, of etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While	DISE STREEN ONSET AND DEATH  A CONSEQUENCE OF:  A CONSEQUENCE OF:  LOSS STREEN ONSIDERED  IN CERTIFYING CAUSES OF DEATH?  In or obout 21C. WHERE DID  Infince bldg., INJURY OCCUR?
WOIK AT WOIK	
22. I certify that (1) (this haspital) attended the deceased from	2-23 1968 to 2-25 1968,
that (1) (we) last saw the deceased alive an	19 and that in(my) (aur) aplnian death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	ending Med. Short
Jam Stell OEGREE Phy	s. Director Phys. Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR	
REMOVAL (Specify)	
Burial 2-29-1968 Meadowridge 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Mem. Park Elkridge Md.
EEB 27 1968 Robert E. Farbert	G. Howard Strong 3207 W. North Ave.,
VS 150 DEV 1/1/49	



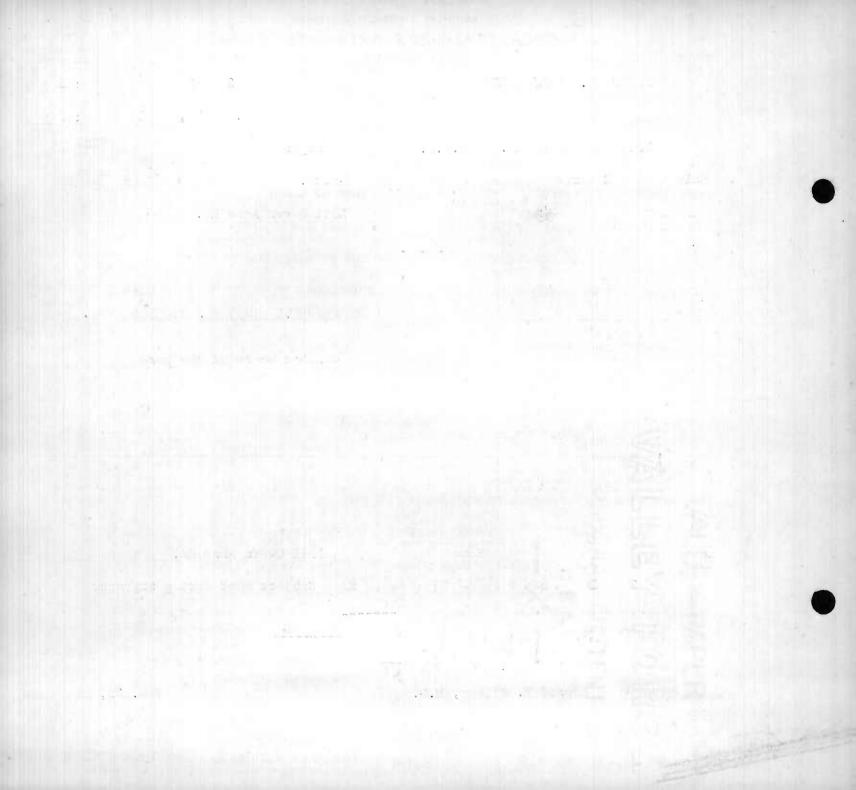
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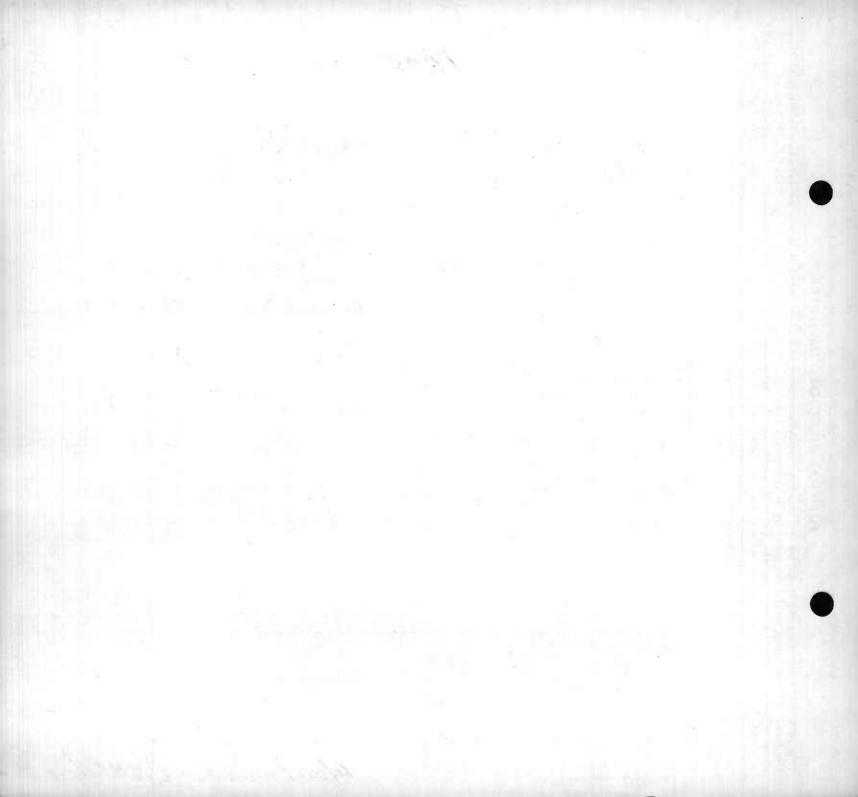


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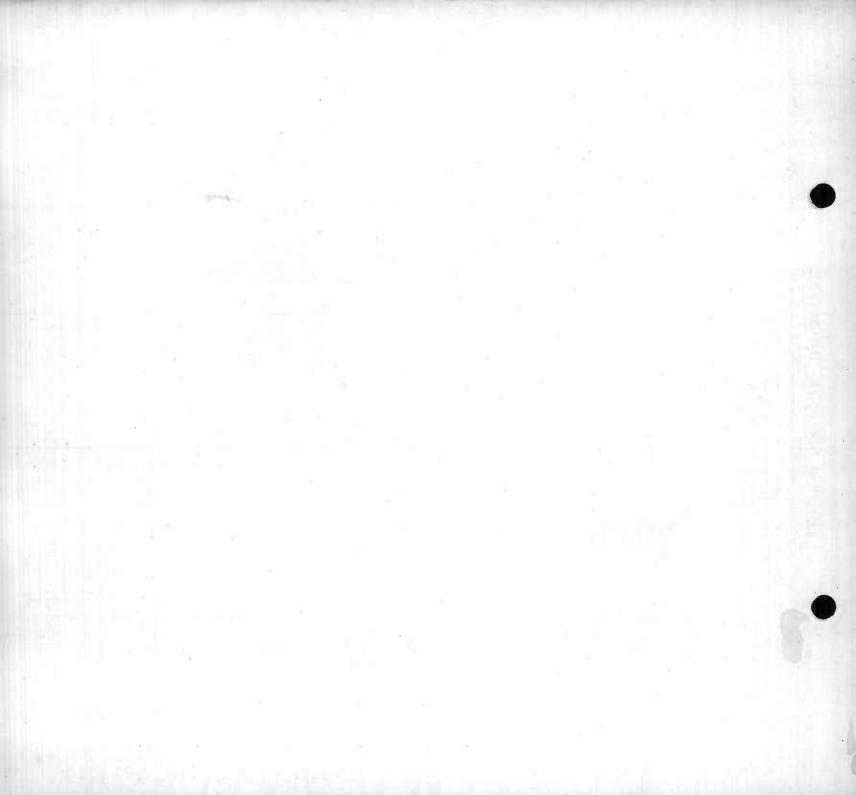
68- 2245

BIR	TH NO.		MEL	DICAL	. EXAN	AINER'S	CERTIFIC	CATEO	F DEA	REG. N	0	70 10
	NAME OF DEC	EASED					2. DATE	Known X	Month	Day	Yeor	Hour
	a as Daint		. McI	AUGHL	LIN		OF DEATH	Estimoted [		24	68	
4. F	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE PR	RONOUNCE	D DEAD	3. DATE		Month	Doy	Yeor	Hour
HOS	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	TITUTION, GIV	VE STREET			Feb.	24,	1968	6:45 p M.
	00 25	11 Que	en Ann	e Rd.	D.	O.A.	A. STATE	aryland	ere deceosed	B. COUNT		perore odinission)
6. S	EX	7. RACE		8. MARR	IED NEV	ER MARRIED	C. CITY OR T	IOWN		DINSDE	CAY LIMITS?	MC Jan
	a <b>è</b> e		ored	WIDOW		DIVORCED	Ba1			d	YES 3	NO [
١.	-18-34	1	10. AGE (I	yeors	If Under 1 Y Months   Doy	r, If Under 24 Hrs. ys , Hours , Min.		ND NUMBER 1 Queen	Anne F	kd.		
11.1	North				12. CITIZEN WHAT C	OF COUNTRY? U.S.A.	13. FATHER'S	NAME				
	USUAL OCCU	PATION (Giv	e kind of work	148. KIND	OF BUSINE	SS OR INDUSTR	Y 15. MOTHER	S MAIDEN N	IAME			
done	during most of w	rorking life, ev	en ifretired)									
16.	WAS DECEASE, no or unknown)	ED EVER IN	U.S. ARMEI	FORCES	17. SC	CURITY NO.	18. INFORM	ANT			ADDRESS	
11.62	no	(ii yes, give v	voi or doles	or service)	, ,	COKITT NO.	Doris	Jett	837	N. Ful	ton A	ve.
	19.	L SE X				CAUSE OF DEA		-000	0)!	- Chala	-	PPROXIMATE INTERVAL
	DISTAGE	CON CONID	ITION DIDE	CTIV							BET	WEEN ONSET AND DEATH
		E OR COND LEADING TO		CILY			GIII	nshot w	ound of	the he	bee	
	(This does no	ot meon the	mode of dy			(A) IMMEDIATE	AS A CONSEQU		ound of	. CITE ITE	eau	
	heort foilure,	osthenio, etc plication which	. It meons the th coused de	e diseose,		002.0,00						
	-			,								
		NTECEDENT OR CONDITIE				(B)	AS A CONSEQ	UENCE OF:	****	(p)		86668 97878 988 988 988 988 988 988 988 988
	DISEASES O	R CONDITION	ONS, IF AN'	Y, GIVING		(B)	AS A CONSEQ	UENCE OF:		2000 전에 취임 수에 수에를 함께 점점 점점		
NO	DISEASES O	R CONDITI	ONS, IF AN'	Y, GIVING		(B)	AS A CONSEQ	UENCE OF:	200			
VIION	DISEASES OF RISE TO THE UNDERLYIN	R CONDITION OF CON	ONS, IF AN' USE (A) STA ON LAST.	Y, GIVING TING THE		DUE TO, OR	AS A CONSEQ	UENCE OF:				
ICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	R CONDITION ABOVE CA IG CONDITION IFICANT CON ATH BUT NOT	ONS, IF AN' USE (A) STA ON LAST.  II ADITIONS C' RELATED TO	Y, GIVING TING THE ONTRIBUT	TING INAL	DUE TO, OR	AS A CONSEQ	UENCE OF:				
RTIFICATION	DISEASES OF RISE TO THE UNDERLYIN TO THE DEAD DISEASE OR	DR CONDITION  ABOVE CA  AG CONDITION  IFICANT CON  ATH BUT NOT  CONDITION	ONS, IF AN' USE (A) STA ON LAST.  II NDITIONS C RELATED TO GIVEN IN P.	Y, GIVING TING THE ONTRIBUT THE TERMI ART 1 (A).	TING	(c)					P) AIIT	OPSY2 (Yes or No)
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN TO THE DEAD DISEASE OR	DR CONDITION  ABOVE CA  AG CONDITION  IFICANT CON  ATH BUT NOT  CONDITION	ONS, IF AN' USE (A) STA ON LAST.  II NDITIONS C RELATED TO GIVEN IN P.	Y, GIVING TING THE ONTRIBUT THE TERMI ART 1 (A).	TING	DUE TO, OR					21. AUT	OPSY? (Yes or No)
إبدا	DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DEAD DISEASE OR  20A. DATE OF	OR CONDITION  ABOVE CA  AG CONDITION  IFICANT CON  ATH BUT NOT  CONDITION  OPERATION	ONS, IF AN' USE (A) STA ON LAST.  II USE (A) STA ON LAST.  RELATED TO GIVEN IN P. V. 20B. CO.	Y, GIVING TING THE ONTRIBUT THE TERMI ART 1 (A) NDITION I	TING IINAL FOR WHICH	(C)	AS PERFORME	D	D (II := 0-ti-			Yes
CAL	DISEASES OF RISE TO THE UNDERLYIN TO THE DEADISEASE OF 20A. DATE OF 22A. EXTERI UNDERLYIN	OR CONDITION  ABOVE CA  AB	ONS, IF AN' USE (A) STA ON LAST.  II HOITIONS C RELATED TO GIVEN IN P. V 20B. COT WAS TRIB-	ONTRIBUT THE TERMINART I (A). NDITION I	FOR WHICH	(C)	AS PERFORME	C. WHERE DI	?			Yes
MEDICAL	DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR  20A. DATE OF  UNDERLYING UTING CA 22D. TIME (	OR CONDITION  ABOVE CA  AB	ONS, IF AN' USE (A) STA ON LAST.  II HOITIONS C RELATED TO GIVEN IN P. V 20B. COT WAS TRIB-	Y, GIVING TING THE ONTRIBUT THE TERM ART 1 (A).	FOR WHICH  228. PLACE home, form, f	OF INJURY(e.g., street, official	in or obout 22 in bidg., etc.)	C. WHERE DI	een Ann	e Rd.		Yes
MEDICAL	DISEASES OF RISE TO THE UNDERLYING TO THE SIGN TO THE DEAD DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING CAU	DR CONDITION  IFICANT CONTINUE  IFICANT CONTINUE  OPERATION  NAL CAUSE  OF CONTINUE  Month) (C	ONS, IF AN' USE (A) STA ON LAST.  II NDITIONS C RELATED TO GIVEN IN P. N 20B. COI WAS TRIB. J.TH.	Y, GIVING THE ONTRIBUT THE TERMINART 1 (A).  NDITION I	FOR WHICH  22B. PLACE home, form, f Home  7) 22E.INJU WHILE AT	OF INJURY(e.g., street, official	in or obout 22 in bidg., etc.)	C. WHERE DI JURY OCCUP 2511 Qu F. HOW DID	een Ann	e Rd.	exoct location)	Yes
MEDICAL	DISEASES OR RISE TO THE VIDERLYIN TO THE DEADISEASE OR 20A. DATE OF UNDERLYIN UTING CAI	DR CONDITION  IFICANT CONTINUE  IFICANT CONTINUE  OPERATION  NAL CAUSE  OF CONTINUE  Month) (D	ONS, IF AN' USE (A) STA ON LAST.  II NDITIONS C RELATED TO GIVEN IN P. N 20B. COI WAS TRIB. J.TH.	Y, GIVING THE ONTRIBUT THE TERMINART 1 (A).  NDITION I	FOR WHICH  228. PLACE home, form, f  Home  7) 22E.INJU	OF INJURY(e.g., street, official	in or obout 22 te bldg., etc.)	C. WHERE DI JURY OCCUP 2511 Qu F. HOW DID	een Ann	e Rd.	exoct location)	Yes
MEDICAL	DISEASES OR RISE TO THE VIDERLYIN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYIN UTING CAI CAPPROX.)	DR CONDITION  IFICANT CONTINUE  IFICANT CONTINUE  OPERATION  NAL CAUSE  OF CONTINUE  Month) (C	ONS, IF AN' USE (A) STA ON LAST.  II  NDITIONS C GIVEN IN P. N 208. COI  WAS TRIB- J.TH.  ODY) (Yeo)  4 6	Y, GIVING THE ONTRIBUT THE TERMINART 1 (A).  NDITION I	FOR WHICH  22B. PLACE home, form, f  Home  7) 22E.INJL WORK	OF INJURY (e.g., street, office or y, street, or y,	in or obout 22 in bidg., etc.)	C. WHERE DI JURY OCCUR 2511 Qu F. HOW DID Subjec	een Ann	e Rd.	exoct locotion)	Yes
MEDICAL	DISEASES CRISE TO THE UNDERLYIN TO THE READ DISEASE OR 20A. DATE OF UNDERLYIN UNDERLYIN UNDERLYIN OF INJURY (APPROX.)  23.	DR CONDITION  IFICANT CONTINUE  IFICANT CONTINUE  PARTICIPATION  NAL CAUSE  PARTICIPATION  NAL CAUSE  PARTICIPATION  OPERATION  OPERATION  (D  2  2	ONS, IF AN' USE (A) STA ON LAST.  II WIDITIONS CO RELATED TO GIVEN IN P N 20B. COI WAS TRIB- JH. Oby) (Yeo 4 6	ONTRIBUT THE TERMINART I (A). NOTION I	FOR WHICH  22B. PLACE, home, form, f HOME  r) 22E. INJU WHILE AT m. WORK	OF INJURY (e.g., street, official At Vection	in or obout 22 te bidg., etc.) IN	C. WHERE DI JURY OCCUR 2511 Qu F. HOW DID Subjec	een Anni INJURY OCC t shot	e Rd. CUR? during	argume	Yes
MEDICAL	DISEASES CRISE TO THE UNDERLYIN TO THE READ DISEASE OR 20A. DATE OF UNDERLYIN UNDERLYIN UNDERLYIN OF INJURY (APPROX.)  23.	DR CONDITION  IFICANT CONTINUE  IFICANT CONTINUE  PARTICIPATION  NAL CAUSE  PARTICIPATION  NAL CAUSE  PARTICIPATION  OPERATION  OPERATION  (D  2  2	ONS, IF AN' USE (A) STA ON LAST.  II WIDITIONS CO RELATED TO GIVEN IN P N 20B. COI WAS TRIB- JH. Oby) (Yeo 4 6	ONTRIBUT THE TERMINART I (A). NOTION I	FOR WHICH  22B. PLACE home, form, f  Home  7) 22E.INJL WORK	OF INJURY (e.g., street, official At Vection	in or obout 22 te bldg., etc.) IN 22 WHILE 22	C. WHERE DIJURY OCCUR 2511 Qu F. HOW DID Subjec and that an	een Ann INJURY OCC t shot this basis Undetern	during	argume	Yes
MEDICAL	DISEASES CRISE TO THE UNDERLYIN TO THE READ DISEASE OR 20A. DATE OF UNDERLYIN UNDERLYIN UNDERLYIN OF INJURY (APPROX.)  23.	DR CONDITION  IFICANT CONTINUE  IFICANT CONTINUE  PARTICIPATION  NAL CAUSE  PARTICIPATION  NAL CAUSE  PARTICIPATION  OPERATION  OPERATION  (D  2  2	ONS, IF AN' USE (A) STA ON LAST.  II WIDITIONS CO RELATED TO GIVEN IN P N 20B. COI WAS TRIB- JH. Oby) (Yeo 4 6	ONTRIBUT THE TERMINART I (A). NOTION I	FOR WHICH  22B. PLACE, home, form, f HOME  r) 22E. INJU WHILE AT m. WORK	OF INJURY (e.g., street, official At Vection	in or obout 22 te bldg., etc.) IN 22 WHILE WORK Han	C. WHERE DIJURY OCCUP 2511 Qu F. HOW DID Subjec and that an inicide X HIEF MEDICA	een Ann INJURY OCC t shot t shot Undetern	during  during  death in mained manne	argume	Yes
MEDICAL	DISEASES OR RISE TO THE UNDERLYIN TO THE DEADISEASE OR 20A. DATE OF UNDERLYIN UTING CAPPROX.)  22D. TIME (APPROX.)  23. I certification of Capprox (APPROX.)  ACTUAL SIGNATURE	PRESENTED TO THE PROPERTY OF T	ONS, IF AN' USE (A) STA ON LAST.  II WIDITIONS CO RELATED TO GIVEN IN P N 20B. COI WAS TRIB- JH. Oby) (Yeo 4 6	ONTRIBUT THE TERMINART I (A). NOTION I	FOR WHICH  22B. PLACE, home, form, f HOME  r) 22E. INJU WHILE AT m. WORK	OF INJURY (e.g., street, official At Vection	in or obout 22 te bidg., etc.) IN 22 WHILE VORK ASSIST	C. WHERE DIJURY OCCUR 2511 Qu F. HOW DID Subjec and that an inicide  HIEF MEDICA	een Ann INJURY OCC t shot t this basis Undetern L EXAMINER	during , death in mained manne	argume	Yes
MEDICAL	DISEASES OR RISE TO THE UNDERLYIN TO THE DEADISEASE OR 20A. DATE OF 22A. EXTERI UNDERLYING UTING CAPPROX.)  23. I certification of the control of the contro	PRESERVE CANDITION  IFICANT CONDITION  IFICANT CONDITION  OPERATION  NAL CAUSE  OF CON  USE OF DEA  Month) (D  2 2  Ify that I he  ed from: NAL  ER'S	ONS, IF AN' USE (A) STA ON LAST.  II NDITIONS C GIVEN IN P. N 208. COI WAS TRIB. TH. Noy) (Yeo 4 6	y, GIVING TING THE ONTRIBUT THE TERMINART I (A). NOTITION I	FOR WHICH  228. PLACE home, form, f  Home  7) 22E.INJU  m. WORK	OF INJURY (e.g., sfoctory, street, officer ATV)  ATV  Suici	in or obout 22 te bidg., etc.) IN 22 WHILE VORK ASSIST	C. WHERE DIJURY OCCUP 2511 Qu F. HOW DID Subjec and that an inicide X HIEF MEDICA	een Ann INJURY OCC t shot t this basis Undetern L EXAMINER	during , death in manne	argume	Yes nt DATE SIGNED
MEDICAL	DISEASES OR RISE TO THE UNDERLYIN TO THE DEADISEASE OR 20A. DATE OF UNDERLYIN UTING CAPPROX.)  22D. TIME (APPROX.)  23. I certification of Capprox (APPROX.)  ACTUAL SIGNATURE	PRESENTED TO THE PROPERTY OF T	ONS, IF AN' USE (A) STA ON LAST.  II NDITIONS C GIVEN IN P. N 208. COI WAS TRIB. TH. Noy) (Yeo 4 6	y, GIVING TING THE ONTRIBUT THE TERMINART I (A). NOTITION I	FOR WHICH    22B. PLACE   home, form, f	OF INJURY (e.g., sfoctory, street, officer ATV)  ATV  Suici	in or obout 22 te bidg., etc.) IN 22 WHILE WORK ASSIST	C. WHERE DIJURY OCCUR 2511 Qu F. HOW DID Subjec and that an inicide X HIEF MEDICA	een Ann INJURY OCC t shot t this basis Undetern L EXAMINER	during  , death in manne	argume	Yes  nt  DATE SIGNED
MEDICAL	DISEASES OR RISE TO THE UNDERLYIN TO THE READ DISEASE OR 20A. DATE OF 22A. EXTERT UNDERLYIN OF INJURY (APPROX.)  23. I certification of the control of the c	DR CONDITION  IFICANT CONDITION  IFICANT CONDITION  IFICANT CONDITION  OPERATION  QUE TO THE CONDITION  OPERATION  IFICANT CONDITION  OPERATION  IFICANT CONDITION  OPERATION  O	ONS, IF AN USE (A) STA ON LAST.  II NDITIONS COME RELATED TO GIVEN IN P. IV 208. COME COME COME COME COME COME COME COME	y, GIVING THE ONTRIBUT THE TERMINART I (A). NOTITION I	FOR WHICH  22B. PLACE home, form, f  Home  22E.INJU  WORK  Inspe	OF INJURY (e.g., officiory, street, office AT V	AS PERFORME in or obout 22 te bidg., etc.) IN  WHILE 22 WHILE 32 ASSIST ASSOC	C. WHERE DIJURY OCCUR 2511 Qu F. HOW DID Subjec and that an inicide X HIEF MEDICA TANT MEDICA CIATE MEDICA RY 24	een Ann INJURY OC t shot t shot Undeterm IL EXAMINER IL EXAMINER IL EXAMINER	during , death in manne	argume ny apintan or  Feb. 25	Tes  DATE SIGNED  1968 (Stote)
MEDICAL	DISEASES OR RISE TO THE UNDERLYING TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING CAPPROX.)  22A. EXTERI UNDERLYING (APPROX.)  23. I certification of the control of	DR CONDITION  IFICANT CONTINUE CONDITION  OPERATION  AND CAUSE  EN CONDITION  OPERATION	ONS, IF AN USE (A) STA ON LAST.  II WITH IN ITH IN	ONTRIBUT THE TERMINART I (A) NOTITION I	FOR WHICH  22B. PLACE home, form, f  Home  22E.INJU  WORK  Inspe	OF INJURY (e.g., officiory, street, official Andrew Auburn	in or obout 22 te bidg., etc.) IN 22 twitte 22	C. WHERE DIJURY OCCUR 2511 Qu F. HOW DID Subjec and that an inicide X HIEF MEDICA TANT MEDICA CIATE MEDICA RY 24	een Anninjury occit shot t shot Undeterm L EXAMINER L EXAMINER L EXAMINER D LOCATIO	during  , death in manne	argume ny apintan or  Feb. 25	Yes  nt  DATE SIGNED





VS 150-REV. 1/1/68



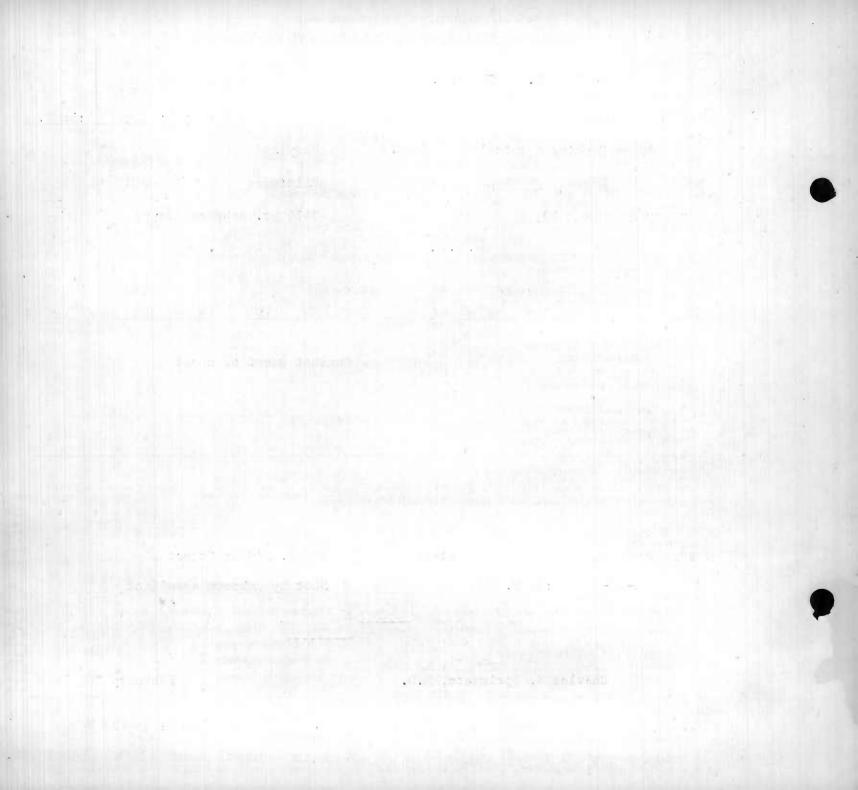
VS 150-REV. 1/1/6B



68- 2249 BALTIMORE CITY HEALTH DEPARTMENT

68- 2249

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  TOCE DH T LIHTTE ID	2. DATE Known X Month Doy Year Hour
JOSETH H. WILLE, JK.	DEATH Estimoted   February 25, 1968   M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	February 25, 1968 1:36 P. M.
ORINSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
97 Johns Hopkins Hospital (DOA)	Maryland 07-/
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS!
Male Negro WIDOWED ☐ DIVORCED ☐	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Manths, Days, Hours, Min.	E. STREET AND NUMBER
12-20-47	3414 St. Ambrose Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland Whatcountry?	Joseph "hite Sr.
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) Truck Driver	Carolyn Brooks
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO. 214449201	Carolyn "hite 3414 St Ambrose "venue
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BEIWEEN ONSELAND DEATH
I SADIALO TO DEATH	CAUSE Gunshot wound of chest
(This does not mean the made of dying, e.g., DUFTO, OR	AS A CONSEQUENCE OF:
heort foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)	
ANITECEDENT CALIFEE	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
[Z] (C)	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 /	
ZZA. EXTERNAL CAUSE WAS   228. PLACE OF INJURY(e.g.,	in ar obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB. hame, form, foctory, street, affice	e bldg., etc.) INJURY OCCUR?
TING LICAUSE OF DEATH. Steps  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	930 E. Biddle Street  22F. HOWDID INJURY OCCUR?
OF INTURY	
(APPROX.) 2-25-68 1:15 P.m. WORK AT V	WHILE Shot by unknown assailant
	tapsy 👽 and that an this basis, death in my apinion
	A
resulted fram: Natural causes Accident Suici	CHIEF MEDICAL EXAMINER
ACTUAL ( )	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE M.E	··
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER   February 26, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, ar caunity) (State)
REMOVAL (Specify)	
Burial 2-29-68 New Cather	25C. FUNERAL DIRECTOR ADDRESS
	25C. FOR LEWIS DIMENTON
FEB 27 1968 R. Carlo E. Failure	Kelson Funeral Home 1348 Calhoun St
VS 151-REV. 1/1/6B	Was Been William .



6-630

68- 2250 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
			_	

68-	2250
-	1-0.6-7 CV 5

BIRTH NO.									REG.	NO			
1. NAME OF DECE		וו בוגד זו	0.4	DDEMM	2. DATE	Known	X	Month	Doy		Yeor	Hour	
(Type of Film)	PA	ULINE H.	e GA	RREIT	OF DEATH	Estimot	ed 🗌	Febru	uary 2	25,	1968		Μ.
4. PLACE IN BALTI					3. DATE	NICED DE	4.0	Month	Doy		Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN H ADDRESS OR	OSPITAL OR IN: LOCATION)	STITUTIO	ON, GIVE STREET		NCED DE			ary 2				15 P.M.
0 1143111011014					5. USUAL RE A. STATE	SIDENCE	(Where	deceosed I	B. COUN		residenc	e before oc	imission)
00		. Lexing				aryla	nd					20	40
6. SEX	7. RACE			NEVER MARRIED	C. CITY OR	TOWN			D. INSI	DE CIT	Y LIMITS	Maria Angel	-
Female	Negro	WIDO	WED E	DIVORCED [		altim				YES		№ □	
9. DATE OF BIRTH	10. A	GE (In years pirthdgy)		der 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	E. STREET A				04				
11. BIRTHPLACE (Ste	ote or foreign cou		12. C	ITIZEN OF	13. FATHER		• Lex	Kingto	on Str	eet			
		",	_V	VHAT COUNTRY?		_							
Virginia	ATION (Give kind	fwork[148 KIN	D OF F	S.A. BUSINESS OR INDUSTRY	Jam (15 MOTHER	es Jo	nes	IF.					
done during most of wo	orking life, even if re	tired)	01 1	505.11E35 OK 11E051K									
Domesti	_	DUIT FORCE	-60	LT COCIAL	18. INFORM	ssie	Dot	son		ADI	DRESS		
16. WAS DECEASE				17. SOCIAL SECURITY NO.									
no				219225780		s M.	Jon	es	<u>2503 </u>	Pa:		leigh	
19.174	-X 1			CAUSE OF DEA	тн							APPROXIMAT	ET AND DEATH
DISEASE	OR CONDITION	DIRECTLY			Carcin	oma o	f bre	east v	vith				
	EADING TO DEA			(A)IMMEDIATE C	AUSE		met	tastas	ses				
heort foilure, o	t meon the mode osthenio, etc. It me olicotion which cou:	ons the disease,	,	DUETO, OR	AS A CONSEQ	UENCE OF							
injory or com,	oncomon which coo.	,,,											
	TECEDENT CAUS			(8)									*****
DISEASES O	ABOVE CAUSE (	IF ANY, GIVING	G E	DUE TO, OR	AS A CONSEC	DUENCE O	F:						
I UNDERLYING	G CONDITION I	AST.		(c)									
0 1908	- 11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
OTHER SIGNI	FICANT CONDITIO	NS CONTRIBL	JIING										
DISEASE OR C	TH BUT NOT RELATED ONDITION GIVE												
OTHER SIGNII TO THE DEAT DISEASE OR C	OPERATION 208	CONDITION	FOR	WHICH OPERATION W	AS PERFORM	ED					21. AU	TOPSY? (Y	es or No)
0												No	
22A. EXTERN	AL CAUSE WAS		22B. F	LACE OF INJURY (e.g.,	in or obout 2	2C. WHER	E DID (	lf in Boltime	ore City, giv	e exoc			
UNDERLYING [	OR CONTRIB-		home	, form, foctory, street, offic	e bldg., etc.)	NJURY OC	CUR?						
≥ 22D. TIME (A		(Yeor) (Ho	ur) 22	E.INJURY OCCURRED	2	2F. HOW	DID INJ	URY OCC	UR?				
OF INJURY (APPROX.)			W	HILE AT NOT	WHILE								
23.			m. W	ORK L AT W	ORK L					_			
I certif	fy that I held o	n Inquiry		Inspection X Au	topsy 🗌	ond the	ot on th	is bosts	, deoth ir	my c	pinion		
	ed from: Noture		_	ccident Suicio	In H	micide [		Indeterm	ined man	ner [	i		
resurre	30	0		)		CHIEF MEI					_		
ACTUAL	( La	1 )		1 4		STANT ME						DATE S	IGNED
SIGNATU		01	4	M.D	•								
EXAMINE NAME (Ty		les S. S	Spri	ngate, M.D.	ASSO	CIATE MEI	DICAL E	XAMINER	F	ebr	uarv	26,	1968
24A. BURIAL CREM	ATION, 248. D		-	C. NAME of CEMETERY	or CREMATO	RY	24D. I	LOCATION			or coun	•	(Stote)
REMOVAL (Specify	()												
Buria.		-1-68		Arbutus Ma				Arbu	us		ryla	and	6711
25A. DATE REC'D B	BY HEALTH DEPT.	25B.		OF REGISTRAR		UNERAL			7.7		DRESS	3 33	0.
723	27 1968	P. D.	B 8	. Farleuma	Kel	son i	une	ral	Home	13/	48 (	Jalho	un St

- mark stryland

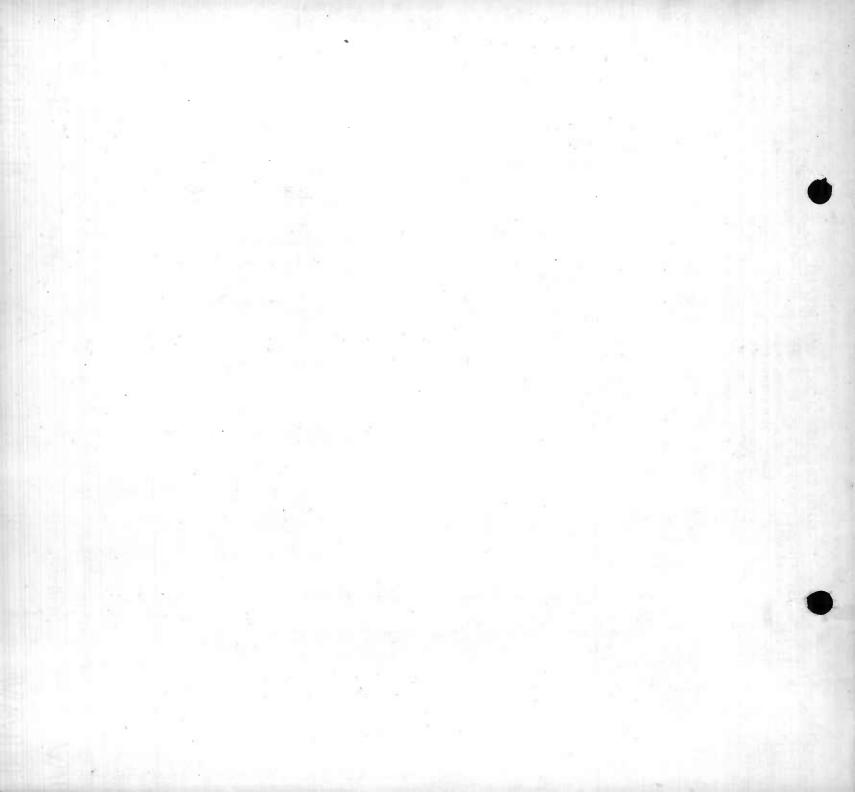
VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

5-3-73 24 34-2

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

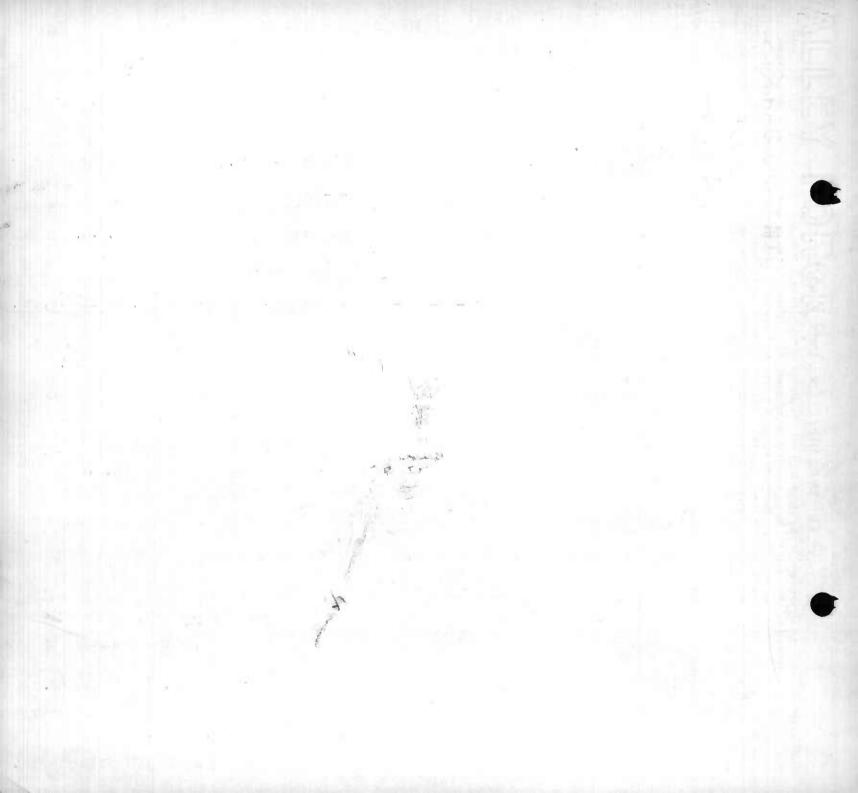


VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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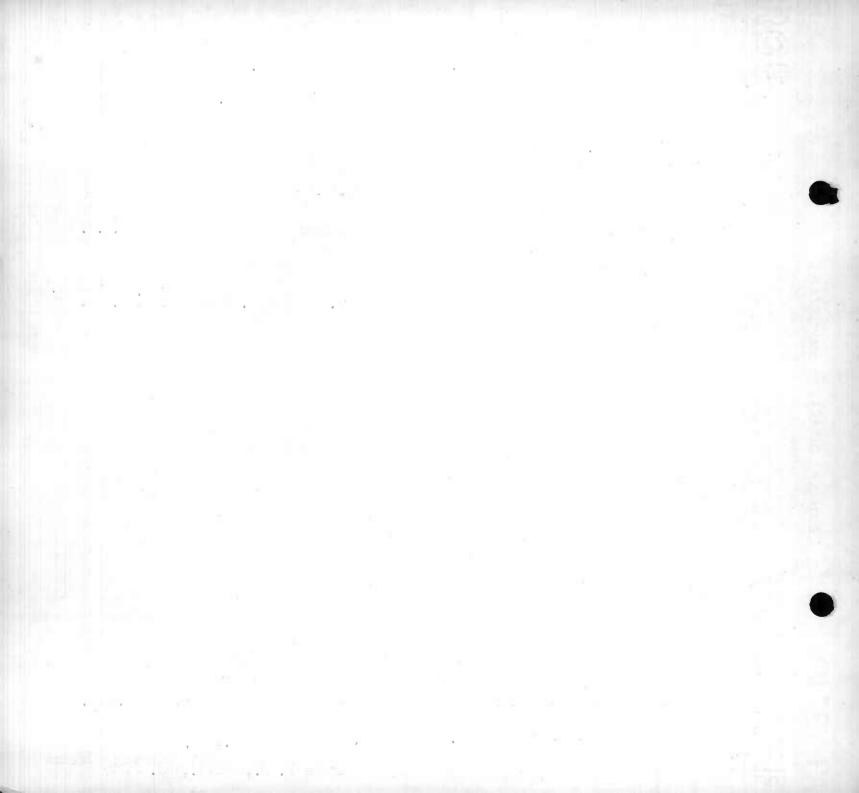
-	- c) 68.	- 126	SEA	BALTIMORE CIT	HEALTH DEPART	WEINI		C	0 00	ET A
17,5	00 00	free fre	UI	CERTIFICA	TE OF DE	ATH	REG. NO.	()	0 66	04
INAME OF DEC	EASED KEYS.	MARITA					AND HOUR OF DEA	ATH ./e		
Type or Print)	LEYS MI	RIT	4				2/24/68	140 P	4	
3. PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRO	NOUNCE	D DEAD	4. USUAL RESIDER	NCE (WI	nere deceased lived.	If institution	h: residence befo	ore odmissio
FULL NAME OF	TIROU IN HOSPIT	AL OR IN	CTITITO	CIVE STREET	Maryland				27	16
OSPITAL OR	ADDRESS OR LOCA	(TION)	311101101	, GIVE SIKEEI	C. CITY OR TOWN		D.	INSIDE CIT	Y LIMITS?	and of
	City Hospita	uls			Baltimor	е		YES [	X NO	
	tern Ave.				E. STREET AND N	IUMBER		Rail a		13/ =
Baltimor	e, Maryland #	2122/	4		521 Wins	ton	Ave. # 2	1212	007	
SEX	6. RACE			EVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If U	nder 1 Yr. If I	Under 24 H
Female	Negro	WIDOW		DIVORCED _	5-6-80		87			
	UPATION (Give kind of work working life, even if retired)	10B. KIND	OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (St	tate or fo	reign country)	12, C	ITIZEN OF WHA	AT COUNT
and donning most of	working me, even a temee,				Marylan	A			U.S.A.	
FATHER'S NA	ME	1.,			14. MOTHER'S MA		AME		0.00	
Louis	Checler				Co 114	Dode	on			
S. Was Deceases	Chesley Ever in U. S. Armed For	ces?	1 6.	SOCIAL	Sally	Dods	OII		ADDRESS	
es, no of unknown	(If yes, give wor or date	s of servi		SECURITY NO.	DOM B	3 1/	0/0 5		#21224	37.
18.			217-	30-2595-A	BCH: Recor	as 4	940 Easter	a Ave.		ore, MC
other signification of the contribution of the dead of the contribution of the contrib	WAS PER	NTRIBUTINHE TERMINT I (A). DITION FORMED	NG NAL OR WHIC	CE-OF INJURY (c.g.,	20A. AUTOPSY? YES in or obout 21C. WHE ffice bldg., INJURY O	(Yes or I	No) 20B. IF YES, W. IN CERTIFYING YES. (If in Balt	3	GS CONSIDERIOR DEATH:	
21D. TIME	(Month) (Day) (Year)	(Hour)	21E, INJ	URY OCCURRED	21 F. HO W	V DID IN	NJURY OCCUR?			
(APPROX.)			While At	Not Whi						
22. I certify	that (1) (this haspital	) attende			ali.		19 69 to	>	124	19 68
1	ast saw the decease			Y / >+	19 68	and	that in (my) (aur)	aninlan d	eath accurre	
	d fram the causes stat		/	1414) 4:40				,		2 011 1110 0
23A. SIGNAT		ca above	e. (1) (m	er (dia) (dia nar)	view the bady diffe	er aeam	•	23 B. T	DATE SIGNED.	
	Mound	L		M.D. DEGREE Phy	ending Med.	. П	Shaff	3	124/	0.
23C. PHYSICIA	1 V-1-1-1	M		DEGREE Phy	23D. ADDRESS /		Phys.	70 - 7	1 1/6	363
NAME (	teonard .	CIPP	MAN	M.T. DEGREE	BALT. TO	经分	Hospini	2.5 Bal	1224	Md.
Buria.	Specify) 248. DATE 2-29-0	58 I		of CEMETERY of CR Catheral			Balto.	(City, tow	n, or county)	(State)
SA. DATE REC'	THEATH DENCE	25B. NAA	ME OF RE	GISTRAR	25C. FUNERAL			401	ADDRES	
		4000	JU 4.	, according an	Kelson	tun	eral Home	1348	8 Calho	un St
'S 150-REV. 1/1/	68				Total Control					



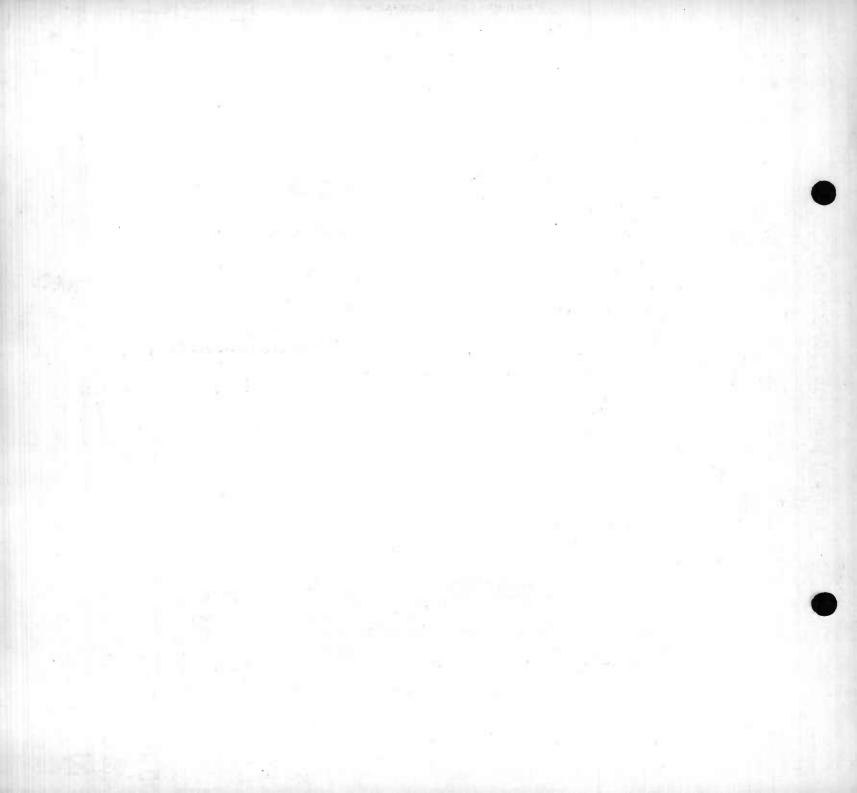
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Balto.

Witzke F. D.,

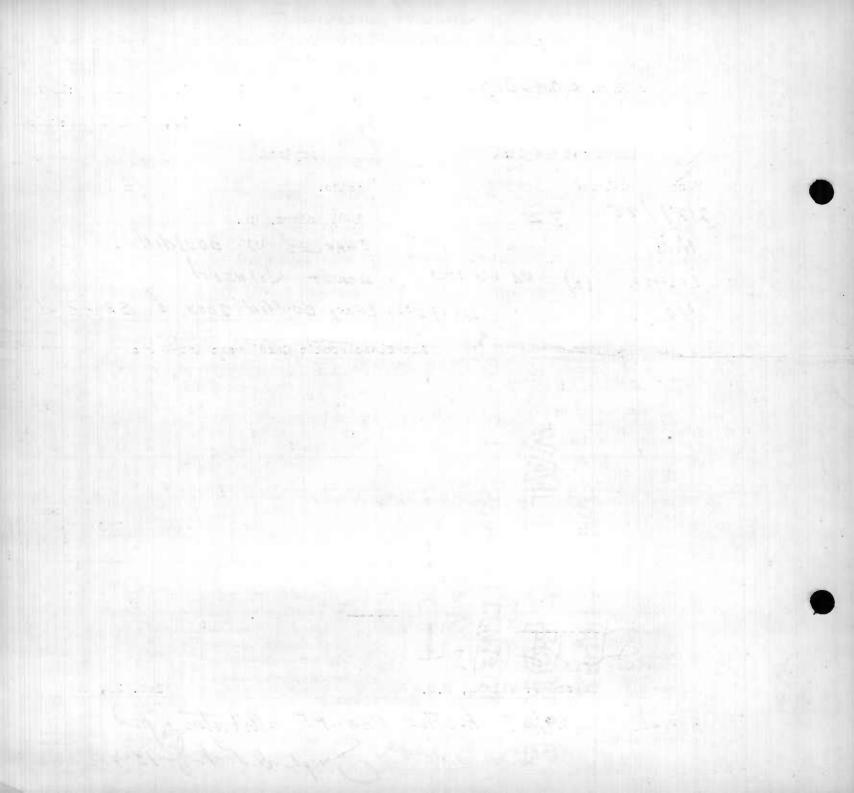


4-620	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2256
62- 2	256 CERTIFICA	TE OF DEATH	REG. NO.	00" 2230
I. NAME OF DECEASED (Type of Pint) ONIE ALONZO	ARRIS	2. DATE AN	D HOUR OF DEATH	230 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. If ins	litution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION) INSTITUTION		c. CITY OR TOWN	D. INSID	VES IN NO
46 LUTHERAN HOS	(1 (/) L	E. STREET AND NUMBER	total Of	4
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
600000000000000000000000000000000000000	WED DIVORCED	1/17/03	lost birthday	Months Doys Hours Min.
iOA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working the, well wretted		Prop Hill	A. Cambuse	ush
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
1 uknow -		1. Kens	sur-	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or dotes of ser	16. SOCIAL	17. INFORMANT		ADDRESS
hal	SECURITY NO.	Lucy Strin	us L	Lune
18. 4 1 1	CAUSE OF DEAT	H Since / Cook	10-0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	PROBABLE	PUPTURED A		BEIWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL	ISE THORACIC/	106015A71	1 2 0045
heart foilure, asthenia, etc. It means the dis		A CONSEQUENCE OF:		/
injury or complication which coused death.)	ASC	VD		VIAN
ANTECEDENT CAUSES	(B) /	A CONSEQUENCE OF:		1/-0.
rise to the above cause (A) stoting	i, viii g	A CONSEQUENCE OF:		
UNDERLYING CONDITION Iosi,	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this haspital) atten		0 1 - 1	9 68 to	2/24 1968.
that (1) (we) last saw the deceased alive	2/2/1	1.10		ilan death accurred an the date
and have and from the causes stated aba		The second secon	,, (331, 3511	The second secon
23A. SIGNATURE	•	The body offer dediffs		23B. DATE SIGNED
Over E. Heman	Phy	ending Med. Director	Staff Phys.	2/24/68
23C. PHYSICIAN'S NAME (Type) OSCATE.	FERNANDINI	23D. ADDRESS Luthe	ran Hosp	ital
	4C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	OCATION ICI	y, town, or county) (State)
REMOVAL (Specify)	notherway	Cut	15000	MIL
25A DATE REC'D BY HEALTH DEPT. 258 N.	AME, OF REGISTRAR	25C PUNERAL DIRECTOR	elen in	ADDRESS Page HAILLI
10000		· LOUND	117	W/ array or



D-435

00 660	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 2257
I. NAME OF DECEASED	III DATE V
(Type or Print)	2. DATE Known M Month Day Year Haur OF BEATH Estimoted 2 25 60 9-25 au
JOHN C. DOVE DIN  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 2 25 68 8:25 a M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	Feb. 25 1968 8.25 at 5. USUAL RESIDENCE (Where deceased lived. If institution: residence being admission)
39	A. STATE B. COUNTY
Provident Hospital  6. SEX 7. RACE 8. MARRIED DAILYER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED   NEVER MARKIED	D. INSIDE OF FEMALES
Mlae Colored WIDOWED DIVORCED  9. DATE OF BIRTH 10. AGE (In years   H Under 1 Yr. If Under 24 Hrs.	Balto. YES LE NO L
lost birthday) Months; Doys; Hours; Min.	
2/2//03 82	1601 Balmor Ct.
11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Md.	CHARLES W. BouldIN
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
LADOTEK (K)	LOIUSA JOHNSON
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (II yes, give war ar dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
NO 214-14-5449	LEROY BOULDIN 2003 & EAGER SI
19. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Arteri	losclerotic Cardiovascular Disease
LEADING TO DEATH	CAUSE
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	***************************************
F 422./ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISE ASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar No)
	VES
UINDERIVING TOP CONTRIB. home, form, factory, street, office	in or obout 22C. WHERE DID (If in Baltimare City, give exact location) te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
DF INJURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
m. WORK AT V	WHILE VORK
23.	(TX)
V V	and that an this basis, death in my apinion
resulted from: Natural soutes A cident Suici	
ACTUAL AC	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.E	ASSISTANT MEDICAL EXAMINED 12
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.  24A BURIAL CREMATION, 24B DATE 24C NAME of CEMETERY	Feb. 25, 1968 or CREMATORY 24D, LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
	MEM. PT arbutus, mes
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 2 7 1968 Club 2 Statement	reeply by docks of 1304 n. Central
VS 151-REV. 1/1/68	



11/1/1	BALTIMORE CITY HEALTH DEPARTMENT
11.460	68- 2258 CERTIFICATE OF DEATH REG. NO. 106 19 03
and eath ased the	BIRTH NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
S a d e	(Type of Print) /- 6 Course 1/2 E 2 23 /68
÷ 0 0 +	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
<u> </u>	
	HOSPITAL OR ADDRESS OR LOCATION)  ID. INSIDE CITY LIMITS?
ca ca tence	John's Hopkins Hospital BATIMORE MD YES NO ]
- g a a o	E. STREET AND NUMBER
p - p - d	6 35
ccurr tribu mine gula	5. SEX  6. RACE  7. MARRIED  NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
occur ontrib ermin regul	DIVORCED 6-16-98 64 12. CITIZEN OF WHAT COUNTRY?
th co dete	
nd or de	CHAUFFEUR TRUCKING D.C. U.S.A.
if d ect (4) U the	done during most of working life, even if refired)  TRUCKING  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. WORLD December 18 18 18 A good Forces  ADDRESS
	Davis, Jam Miller, Georgianna
AN stant e di ind; eath	
T/T/sist	SECURITY NO.  218-03-47349 GROTGIA MILLET
r his assistant Also, if the disorned death ounced death	18. 14 9 VI CAUSE OF DEATH
IPC o, io, io	DISEASE OR CONDITION DIRECTLY
Als Als	LEADING TO DEATH  (A) IMMEDIATE CAUSE TO
R: er. cture	(This daes not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, astheria, etc. It means the disease,
TOR aminer fract fract	injury or camplication which caused deoth.)
T min	ANTECEDENT CAUSES  (B)  DUE TO OR AS A CONSEQUENCE OF:
EC exar () A	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the
al a	UNDERLYING CONDITION last. (C)
medical medical horns; physicial an was	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CASE CONTRIBUTING
RAI me med hour phys	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
UNER chief by a m Body the p	DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION 200B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chief chief Body the	0 2
FU the il by (2) ere	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	DEATH (notify medical examiner) etc.)
d by	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ho ho ho	OF INJURY  (APPROX.)  While At  Work  At Work
N X X E	22. I certify that (I) (this haspital) attended the deceased from 2 10 5 19 to 1500.
an an	that (1) (we) last saw the deceased alive an US 1967 and that In(my) (aur) apinian death accurred an the date
0	and how and from the causes stated abave (1) (We) (did) did not) view the body after death.
ust be dent o dent o death	23A. FIGNATURE 23B. DATE SIGNED
J 0 .=	_ Director Phys. Director Phys.
4 - 5 -	23C. PHYSICIAN'S (23D. ADDRESS
	NAME TYPE ORGEN H. KRED MD DEGREE JOHNS HOPKINS HOPP.
A. A.	A ZAM, BURIAL CREMATION, 1246, DATE , 1240, INDICE OF CREMETERS OF CRE
F 700 0	BURIAL 2/28/68 Mt. CALVARY A.A. COUNTY, M.d.
	25A. DATE REC'D BY HEALTH DEST. 288. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
This sho	3 1 FED 21 1900 Walsell C. Joseph D. Lock of 13041 Central last

VS 150-REV. 1/1/6B

Trebuble "Ly H. Z. ver many principal MATERIAL SERVICES OF THE SERVICES AND THE PERSON OF THE PERSON O 19/81/2 85/5 2/23 Contract Hiller M.D. Johns Hopping Ho BIRTH NO.

IMPORTANT

FUNERAL DIRECTOR:

Was George A. Weber - 705 S. Ann St. #21231 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

00

Hours

If Under 24 His.

Street

WHAT COUNTRY?

ADDRESS

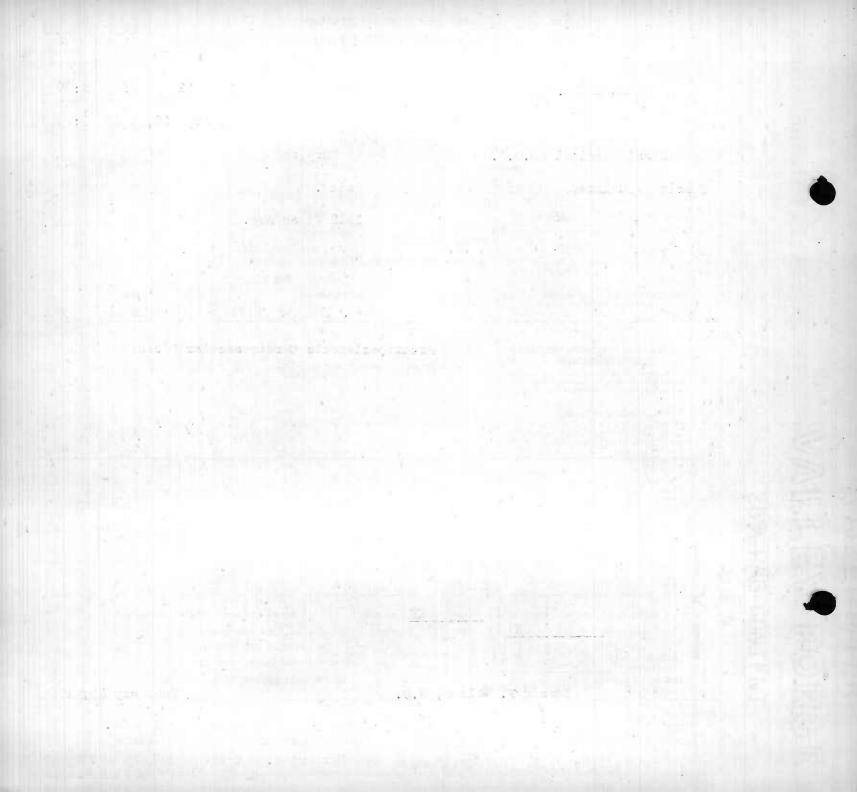
INTERVAL BETWEEN ONSET AND DEATH

(Stote)

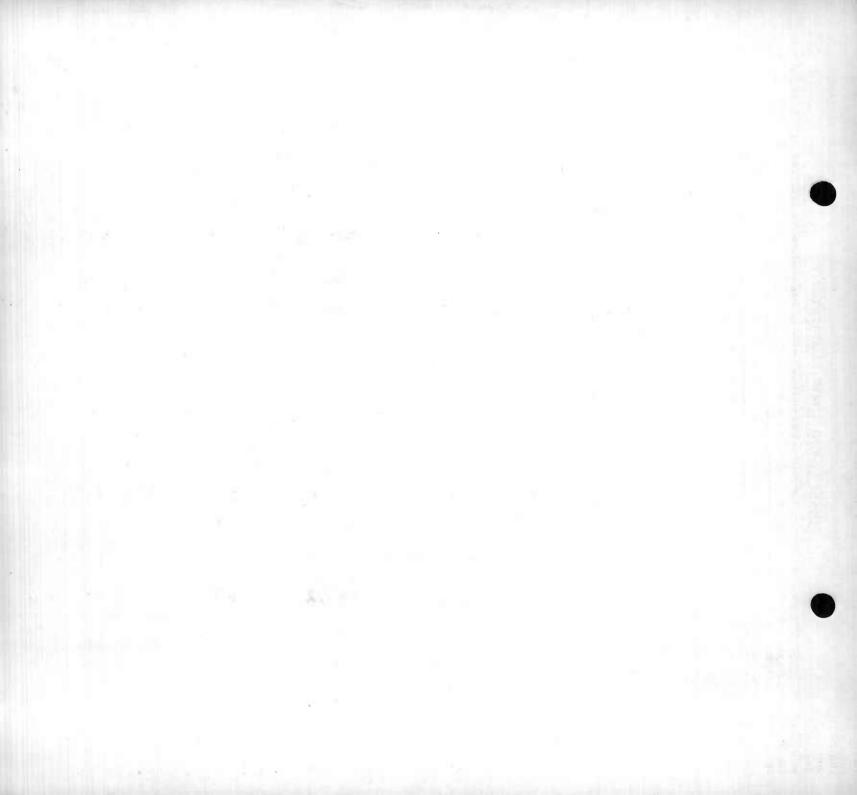
ADDRESS

a made the back setting May 10 1901 66 Bathman 11 d FIRE P. MARINE Kuthen Shi dohn Kalal Gana . TANKE STEELS Line February the A course to place have The same of the same of Le suis-We Tuest-Acres Chamber than a die

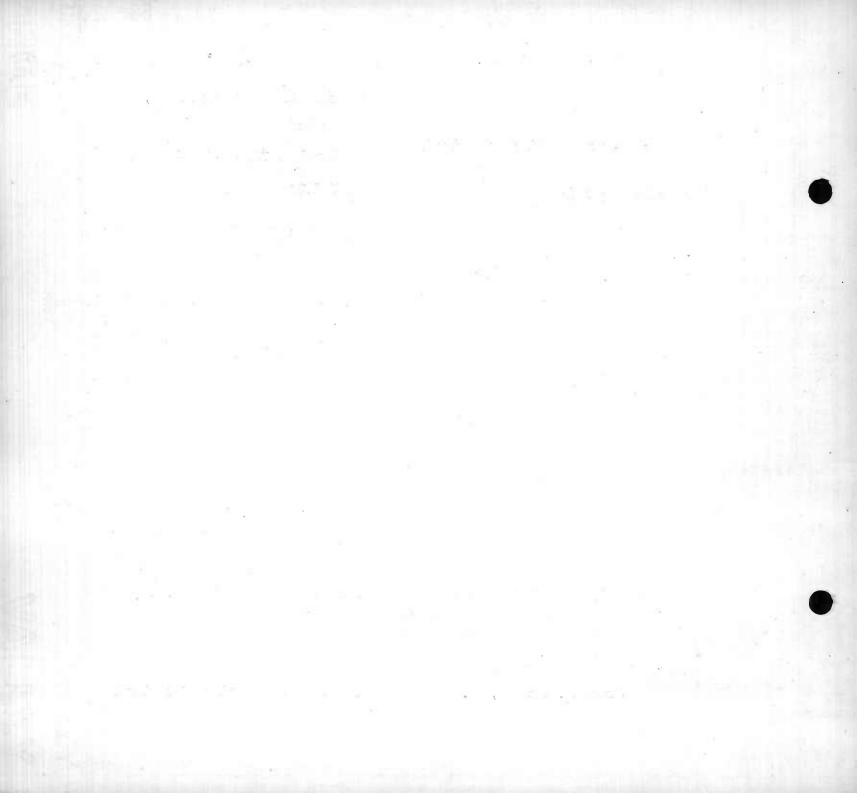
BIRTH NO.		MEL	DICAL	EXAMINER'S	LEKTIF	CAIL	<u> </u>		REG. N	0	
1. NAME OF DECEASED (Type or Print)					2. DATE	Knawn		Manth	Day	Year	Haur
	ERALDIN	E DO	ממ		OF DEATH	Estimated	d $\square$	2	22	68	9:00 p
				NOUNCED DEAD	3. DATE			Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION					UNCED DEA		Febru		2, 1968	9:00 p	
				A. STATE	RESIDENCE	(Where	dece ased li	B. COUNTY		etare admission)	
Sin	ai Hosp	ital	D.O.A.			Marylan	d		A STATE OF	-	)
6. SEX	7. RACE		8. MARRIEI	NEVER MARRIED	C. CITY O				D INSIDE	CITY LIMITS?	
Female 9. DATE OF BIRT	Color		WIDOWE		Balı		-		A Children	YES X	NO L
7. DATE OF BIRT		10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Haurs; Min.		E. SIKEEI	AND NUMB	EK					
March 20		45.			2912	2 Ulman	Ave				
11. BIRTHPLACE (S	State ar fareigi	n cauntry)	12	CITIZEN OF	13. FATHER	'S NAME					
Baltimore	e, Mary	land		WHAT COUNTRY?	Mat	thew Ra	ando.	lph			
	JPATION (Give	kind of wark	14B. KIND C	F BUSINESS OR INDUSTR	15. MOTH	R'S MAIDEN	NAM	E			
Housewi		in intenired)		Home	Ele	anor Ha	rri	5			
6. WAS DECEAS	ED EVER IN	J.S. ARMEI	FORCES?	17. SOCIAL	18. INFOR	MANT				ADDRESS	
[Yes, no ar unknown] NO	(If yes, give w	ar or dotes	of service)	SECURITY NO.	Airs.	Eleanor	wh	allev	3404	Oakfie	ld Ave
19.	7 (2)			CAUSE OF DEA		LICATION		arrej	0.101		PROXIMATE INTERVAL
4-600	1/1					otic Ca					EEN ONSET AND DEA
heart failure injury or con  AI  DISEASES ( RISE TO THI UNDERLYIN	not meen the interpretation which makes the condition which will be conditionally the condition of the conditional conditions and conditional conditio	It means the h coused de- CAUSES ONS, IF AN' JSE (A) STA	e disease, ath.)	(8)	AS A CONSE	QUENCE OF:					
OTHER SIGN TO THE DEADISEASE OR	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERMIN		AS PERFOR	MED				21. AUTO	PSY? (Yes ar No)
. ( )											10
UNDERLYING	NAL CAUSE V	RIB-	22 ho	B.PLACE OF INJURY(e.g., me, larm, lactory, street, affic	in or obout e bldg., etc.)	22C. WHERE INJURY OCC	DID (I	in Boltimo	re City, give		
UTING CA  22D. TIME OF INJURY (APPROX.)					WHILE	22F. HOW D	ID INJ	URY OCC	UR?		
23.			m	WORK ATV	ORK						
	tify that I he	eld on I	ngulry	Inspection XX Au	tap sy	and that	on th	s basis.	deoth in m	ny opinion	
cert	rity mot i ne									, , , , , , , , , , , , , , , , , , , ,	
		Ace lende	COC XIX	Andidana Cuini.	la I H	aminida	11		and manage		
	ted from: No	Vral co	ses	Acdident Suici	de ∐ H	omicide L			ned manne	r 🗌	
resul	ted from: No	Avral co	ses A	Acdident Suicid		CHIEF MEDI	CAL E	AMINER			DATE SIGNED
	ted from: No	Aurol co	505	Acdident Suicio	ASS	CHIEF MEDI	CAL E	AMINER	ned manne		DATE SIGNED
ACTUAL SIGNATI EXAMIN	URE SER'S	hud	7	VI C M.C	ASS	CHIEF MEDI	CAL E	AMINER			
ACTUAL SIGNATI EXAMIN NAME (1	URE LER'S	Edwa	ard F.	Wilson, M.D.	ASS	CHIEF MEDI	ICAL EX	(AMINER (AMINER (AMINER	☐ ☑ Fel	bruary 2	23, 1968
ACTUAL SIGNATI EXAMIN NAME (1 24 A. BURIAL CREF REMOVAL (Speci	URE STATE OF THE S	Edware 48. DATE	ard F.	Wilson, M.D. 24C. NAME of CEMETERY	ASS ASS	CHIEF MEDI ISTANT MEDI DCIATE MEDI	ICAL EXICAL EXPENSION OF THE PROPERTY OF THE P	AMINER AMINER AMINER	Fel (City, to	bruary (	23, 1968 (State)
ACTUAL SIGNATU EXAMIN NAME (1) 24A. BURIAL CRE/ REMOVAL (Speci	URE No.	Edw.; 48. DATE 2/28/0	ard F.	Wilson, M.D. 24C. NAME of CEMETERY Arbutus Mem	or CREMAT	CHIEF MEDI ISTANT MEDI DCIATE MEDI DRY	ICAL EXICAL EXAMPLE AT	CAMINER CAMINER CAMINER COCATION	Fel (City, to	bruary 2 own, or county) lto Co.	23, 1968
ACTUAL SIGNATU EXAMIN NAME (I  24A. BURIAL CRE/ REMOVAL (Speci	URE No.	Edware 2/28/0	ard F. 68	Wilson, M.D. 24C. NAME of CEMETERY	or CREMAT	CHIEF MEDI ISTANT MEDI DCIATE MEDI	CAL EXICAL EXPLICATE EXPLICATION AT IRECTO	AMINER AMINER AMINER OCATION butus	Fel (City, to	bruary 2 bwn, or county) lto Co. ADDRESS	23, 1968 (State)



1-1	-100	CS	_ 990	BALTIMORE CITY	HEALTH DEPARTA	REG. NO.	00- KC01
/	H NO.	00	R. K.	CERTIFICA	TE OF DEA	TH **EG. NO	
	ME OF DEC	EASED			2. [	DATE AND HOUR OF DEATH	- 1
туре	2 Of Fillin	Elizabe	th Este	lle Hebb		February 22, 196	3:45
3. PI	LACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived, If i	nstitution: residence before admis
FUL	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland		mark ( ) the
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					C. CITY OR TOWN	DINS	SIDE CITY LIMITS?
	0				Baltimor		YES NO
3	9	Provident	Hospit	al	E. STREET AND NU	JMBER	
	/	1514 Divi	sion St	reet	1	ge Street	
5. SE		6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours M
Fer	nale	Colored	WIDOWED	DIVORCED T	Dec 11, 18		
			108, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COU
	during most of	working life, even if retired)		Factory	Ct Manua	le Counter Md	II C A
	ATHER'S NA			ractory	14. MOTHER'S MAI	's County, Md	U.S.A
	James Ba			15	Sarah Si	wales	
Yes,	no or unknown	Ever in U. S. Armed Ford (II yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
1	Vo			212-10-4402	Mrs. Adel:	ade Newton 2202	W. North Ave
1	1B. 1/4	29		CAUSE OF DEAT		22.02	APPROXIMATE INTER
	DISEA	SE OR CONDITION DIF	ECTIV		,		BETWEEN ONSET AND
	DISEA	LEADING TO DEATH	ECILY		5	=PT.CEMI	
	(This does	nal meon the made of	dvina ea	(A) IMMEDIATE CA			4
	heart failure,	asthenia, etc. II means	the disease,		A CONSEQUENCE OF:		
		nplication which caused	death.)		1	2 7	
		ANTECEDENT CAUSES				IF BOTH TE	47
		OR CONDITIONS, if			A CONSEQUENCE O	F:	
		e abave cause (A) G CONDITION losi.	slaling lhe	10 Yev	inheral V	ascular Dw	rase
-				(0)		1	
Z	453	FICANT CONDITIONS COL	NTRIBUTING	Anemi	d, Purul	leut Decubi	ti l
Ĕ	TO THE DEAT	TH BUT NOT RELATED TO TH	HE TERMINAL				/
0		ONDITION GIVEN IN PAR		WHICH OPERATION	20A. AUTOPSY? ()	fes or No) 208. IF YES, WERE	FINDINGS CONSIDERED
RTIF		WAS PER			11	IN CERTIFYING CA	AUSES OF DEATH?
CE	21 A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21 C. WHER	E DID (II In Boltimo	re City, give exact location)
_	OR CONTRIBL	TING CAUSE OF	hon	ne, lorm, factory, street, c	ffice bldg., INJURY O	CCUR?	
U					010		
	21 D. TIME OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED		DID INJURY OCCUR?	
2	APPROX.)		We	nile At Not Whi	· /		/ /
1	22   canatto	that (1) (this hospital			12/12	19 6 7 to	2/2/1 10/
				ne deceased from	10 20		1 1 1 1 1 1 1 1
		last sow the decease		0/1/		and that in (my) (aur) ap	Iniah death accurred an th
	and haur on	d from the capses stat	ed above	1) (We) (did) (did not)	view the bady after	death.	/
2	3A. SIGNATE	JRE NO S	Thom	1060			23B, DATE SIGNED
		Archie Robins		Ph.	ending Med.	or Staff Phys.	2/74/61
	23C.PHYSICIA		JOII JI	DEGREE	23D. ADDRESS	C thys	101/00
	NAME IT		T				
		Archie Robins		GEGREE		remont Ave	
24A.	REMOVAL	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) 15
E	Burial	2/27/6	8 No	w Cathedral C	emeterv	Baltimore	Maryland
		BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL D		ADDRESS
	CED 9	7 1068 00	8 E. J.	andre MA	Herbert	E. Nutter 3035	W. North Ave
10 -	TED G	1300 Ulacker	W -,		1	- MACCOL 500	M. MOT CIT AVE
v 5 1	DU-KEV. 1/1/	OB					



1. NAME OF	DECEASED			2 CERTIFIC		2. DATE	AND HOUR OF DEA	ATH	
(Type or Prin		lun	Doug	olas			0 1 - 1	68	9:3
3. PLACE II	BALTIMORE, MA		HERE PRONOU	CED DEAD			nere deceased lived.	If institution:	residence before
						ryland	Baltimo	1 000	2 "
FULL NAM	OR ADDRI	ESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR			INSIDE CITY	HMD42
INSTITUTIO	N					ltimor		YES	NO
33 m	he Johns	Honk:	ing Hos	enital	E. STREET	ND NUMBER			
) ) 1	ne donna	o mope.	LIIS IIOS	spicar	16	42 Gwy	nns Falls	Pkwy	
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years	If Und	der 1 Yr. If Une
Fem	ale Negr	coid	WIDOWED	DIVORCED	1/3/	1913	tost birthdoyl 55	141011111	
IOA, USUAL	OCCUPATION (GI	ve kind of work	108, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPL	A CE (State or fo	reign country)	12. CH	TIZEN OF WHAT
	nost of working life, e keeper	even if refired)	Marylar	nd Club	Baltim	ore, Mar	vland	11	.S.A
13. FATHER'			mar yrai	IC OLUD		S'S MAIDEN N.			
	xander Ha:	nnie				osa Davi			
	cosed Ever in U.		2	1 6. SOCIAL	17. INFORM		.3		ADDRESS
(Yes, no or un	known) (If yes, giv	e wor ar dates	of service)	SECURITY NO.	IV. INFORM	ANI			ADDRESS
No						rl Dougl	as 1642 G	wynns !	Falls Pkv
18.	74 X			CAUSE OF DEA	. 0		0 =		APPROXIMATE
	ISEASE OR COM	NDITION DIR	ECTLY	Motres	- hi (2	1000 01	the Break	1	-
	LEADING	TO DEATH		(A) IMMEDIATE C		the state of	1 - 1000		124
(This d	aes nat mean th	he made of	dvina e.a.			NCE OF			
				DUE TO CIK	AS A CONSEQUE				
heart fo	ilure, asthenia, e	tc. It means	the disease,	DUE TO, OK A	AS A CONSEQUE	NCE OF:			
heart fo	iilure, asthenia, e u camplication w	tc. It means thich caused	the disease,	DUE TO, OK	AS A CONSEQUE	NCE OF:			
heart fo	iilure, asthenia, e u camplication w	tc. It means	the disease,	DUE TO, OK /	AS A CONSEQUE	NCE OF:			
heart for	iilure, asthenia, e u camplication w	otc. It means which caused NT CAUSES	the disease, death.)	(B)	AS A CONSEQUE				***************************************
DISEAS	allure, asthenia, e or camplication w ANTECEDE SES OR CONDI or the above	otc. It means thich caused NT CAUSES (TIONS, if cause (A)	the disease, death.)	(B)DUE TO, OR				ය සහසුයු රා අත්වාරයේ සා වී ව ක සි ජා	
DISEAS	uiluie, asthenia, e il camplication w ANTECEDE ES OR CONDI	otc. It means thich caused NT CAUSES (TIONS, if cause (A)	the disease, death.)	(B)					-
DISEAS	ANTECEDER  SES OR CONDITE  The above  ELYING CONDITE  THE ABOVE  T	ntc. It means which caused NT CAUSES ITIONS, if a cause (A) ON lost.	the disease, death.) any, giving stating the	(B)DUE TO, OR					
DISEAS	ANTECEDER  SES OR CONDIT  a the above	NT CAUSES  TIONS, if cause (A) ON last,	the disease, death.)  any, giving stating the	(B)DUE TO, OR					
DISEAS	ANTECEDER  SES OR CONDITION  THE BOOM TO T	Itc. It means thich caused NT CAUSES ITIONS, if cause (A) ON last, IDITIONS CON RELATED TO THE GIVEN IN PART	the disease, death.)  any, giving stating the  NTRIBUTING HE TERMINAL	(B)	AS A CONSEQU	ENCE OF:	Noll 20R IF YFS W	ERE ENDING	S CONSIDERED
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DISEAS iise fi UNDER VOOTHERS TO THE DISEASE 19A. DA	ANTECEDER  ANTECEDER  ES OR CONDIT  The above  ELYING CONDITI  CONDITION  TE OF OPERATION  COLUMN WAS UN	It. It means thich caused NT CAUSES  ITIONS, if cause (A) ON lost.  IDITIONS CONTRICTED TO THE CAUSE OF	the disease, death.)  any, giving stating the   NTRIBUTING HE TERMINAL [ ] (A).  DITION FOR WORMED	(B)(C)VHICH OPERATION	AS A CONSEQU	ENCE OF:  OPSY? (Yes or )  COS	NO		
DISEAS iise h UNDER DISEASE TO THE DISEASE 199. DA	ANTECEDER  ANTECEDER  ES OR CONDITION  THE ABOVE  REVING CONDITION  DEATH BUT NOT  OR CONDITION  CCIDENT WAS UNITED TO CONTRIBUTING	It. It means thich caused NT CAUSES ITIONS, if cause (A) ON lost.  IDITIONS CON RELATED TO THE ITEM N 198. CONI WAS PERFUNDERLYING AUSE OF	the disease, death.)  any, giving stating the  NTRIBUTING HE TERMINAL TO A COMMED	(B)	20A. AU1  Y  I, in or obout 21	ENCE OF:  FOPSY? (Yes or )  COS  WHERE DID	NO		S CONSIDERED DEATH?
DISEAS iise h UNDER OTHERS TO THE 19 A. AC OR COD DEATH	ANTECEDER  SES OR CONDITION  THE ABOVE  ELYING CONDITION  THE OF OPERATION  COLORN WAS UNITED TO A  CO	It. It means thich caused NT CAUSES ITIONS, if cause (A) ON last.  IDITIONS CON RELATED TO THE IN TO PART IN PART N 19B. CONI WAS PERF NDERLYING AUSE OF ominer)	the disease, death.)  any, giving stating the   NTRIBUTING HE TERMINAL TO A COMMED  21 B. home etc.)	(B)	20A. AU1  Y  Jr., in or about 210  office bldg., IN.	ENCE OF:  FOPSY? (Yes or less	NO (If In Bott		
DISEAS iise h UNDER DISEAS IISE h UNDER DISEASE DISEAS	ANTECEDE  ANTECEDE  SES OR CONDIT  The above  LYING CONDITI  COLDENT WAS UN  TRIBUTING CA  (notify medicol ex.)	It. It means thich caused NT CAUSES ITIONS, if cause (A) ON lost.  IDITIONS CON RELATED TO THE ITEM N 198. CONI WAS PERFUNDERLYING AUSE OF	the disease, death.)  any, giving stating the   NTRIBUTING HE TERMINAL (1) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	(B)	20A. AUT  y, in or about 210 office bldg., IN.	ENCE OF:  FOPSY? (Yes or less	NO		
DISEASE OR CON DEATH	ANTECEDE  ANTECEDE  SES OR CONDIT  The above  LYING CONDITI  COLDENT WAS UN  TRIBUTING CA  (notify medicol ex.)	It. It means thich caused NT CAUSES ITIONS, if cause (A) ON last.  IDITIONS CON RELATED TO THE IN TO PART IN PART N 19B. CONI WAS PERF NDERLYING AUSE OF ominer)	the disease, death.)  any, giving stating the   NTRIBUTING HE TERMINAL (1) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	(B)	20A. AUT  y, in or about 214 office bldg., IN.	ENCE OF:  FOPSY? (Yes or less	NO (If In Bott		
DISEAS iise fi UNDER OTHERS TO THE DISEASE 19 A. DA OR COP DEATH OF INJU (APPRO)	ANTECEDER  ANTECEDER  SES OR CONDITION  THE ABOVE  SELYING CONDITION  THE OF OPERATION  COLORNY  COLORNY  COLORNY  AE (Month) (  JET COMMONTH)	It. It means thich caused NT CAUSES  ITIONS, if cause (A) ON lost.  IDITIONS CON RELATED TO THE IN PARTICIPAL TO TO THE IN PARTICIPAL TO THE IN THE INTERPOLATION TO THE INTERPOL	the disease, death.)  any, giving stating the   NTRIBUTING HE TERMINAL 1 1 (A).  DITION FOR WORMED  21 B. home etc.)  (Hour) 21 E. Whill Work	(B)	20A. AUT  y, in or about 214 office bldg., IN.	ENCE OF:  FOPSY? (Yes or less	INO (If In Both		
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( ' 22 2	Y HEALTH DEPARTMENT 68- 2263				
DA CERTIFICA	TE OF DEATH REG. NO.				
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type or Print)	2/20/18 12 30/4000				
CUSTIS, Jennie R  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis A. STATE  B. COUNTY				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  The Johns Hopkins Hospital	Maryland Baltimore C. CITY OR TOWN Baltimore E. STREET AND NUMBER  Maryland D. INSIDE CITY LIMITS?  YES				
33	2629 Edmondson Ave.				
5. SEX 6. RACE 7. MARRIED 7 NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., 1f Under 24 Hrs.				
	12/26/1900 lost bird by Months Days Hours Min.				
Female Negroid WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY					
done during most of working life, even if retired)					
Cook - Governess Private Family	New Bera, North Carolina U.S.A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Henry Fonville	Martha Pruden				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS				
No SECURITY NO. 212-18-0441	Mr. Henry Custis 2629 Edmondson Ave				
heart tailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  (8)	DISE CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, form, factory, street, a	ffice bldg., INJURY OCCUR?				
21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not While At Work					
22. I certify that (I) (this haspital) attended the deceased fram	1/25 1968 to 3/20 1968				
that (I) (we) last saw the deceased alive an 2/20	19.68 and that in(my) (aur) apinian death accurred an the date				
23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  7. S. Urbaneth	ending Med. Shoft				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRI					
Burial 2/24/68 Arbutus Memorial	Park Arbutus Balto Co. Md				
25AV DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR  Herbert E. Nutter 3035 W. North Ave				
VS 150-REV. 1/1/6B					

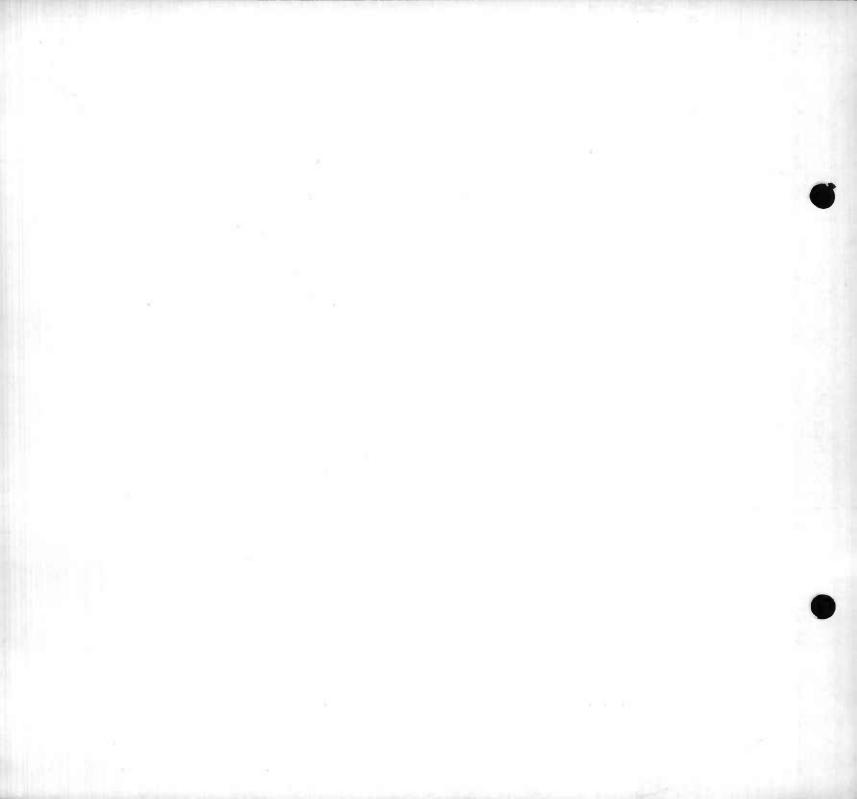
Read for line. 1408A

18 25 C Magett maget 2 mot Town Hannold J. Z. E

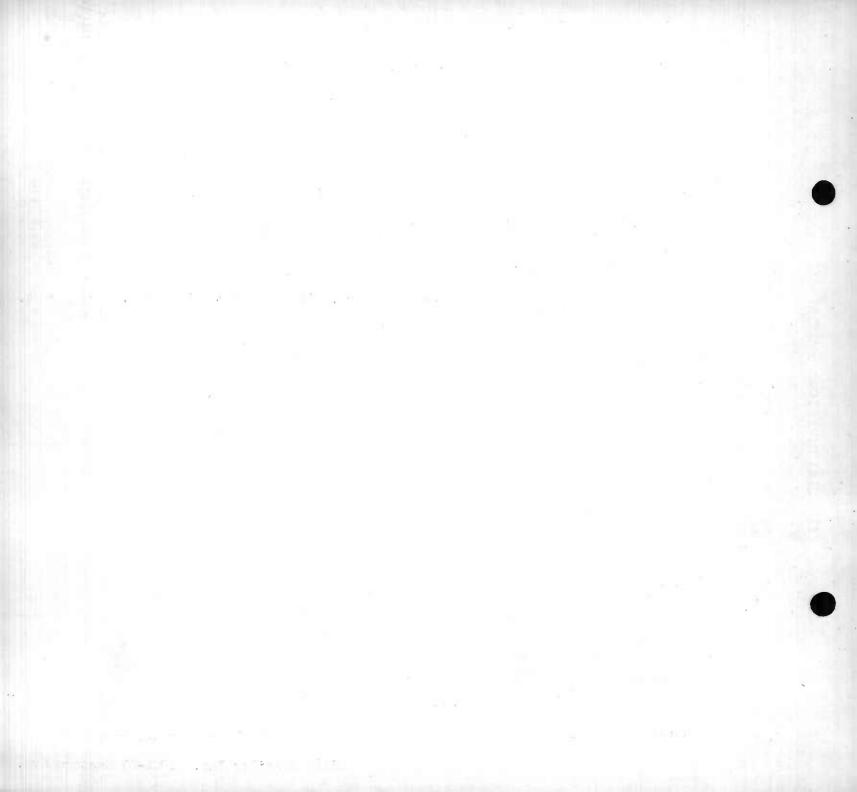
VS 150-REV. 1/1/6B

Inches Inches Total and Land Call and Carl white must deles the House of The Total Harmon

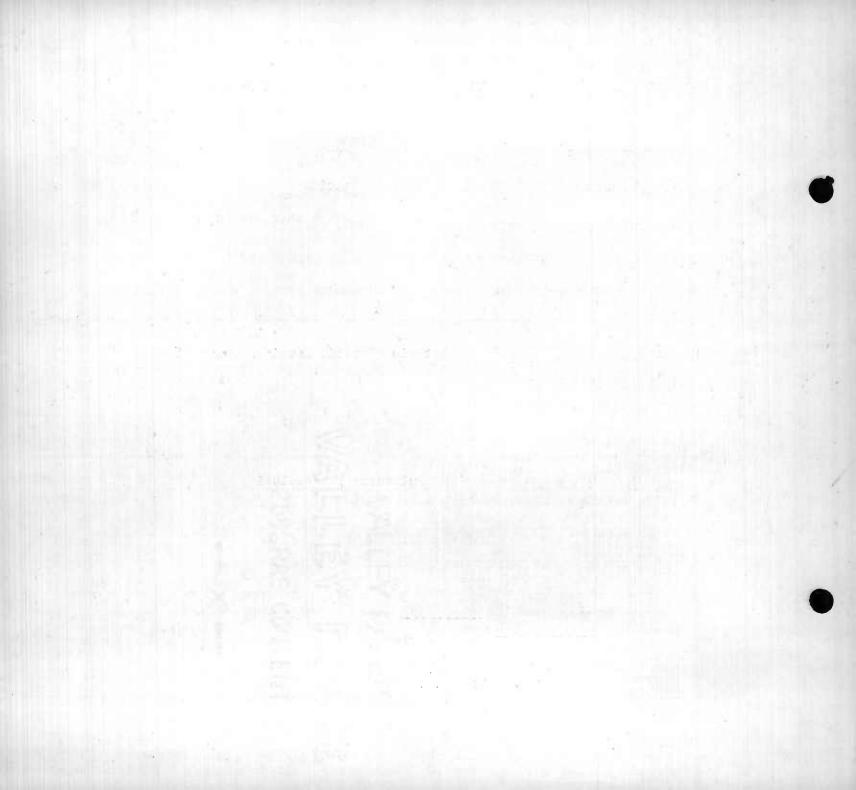
				ATE OF DEATH		
M.E. CASE NO.	ASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Georgia	a Etta Mo	ore	Febru	ary 21, 196	8
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA, STATE 8. COU	ere deceased lived. II	institution: residence before
FULL NAME O	. Of ant in benefited	as institution and		Maryland		1.
HOSPITAL OR					utside city limits, whe	AL and arve townshi
INSTITUTION				Baltimore		0- UK
	2938 W. Cold	Spring I	200		f rural, give location)	
00	2750 N. OOTA	oping L	arre	624 N. Carey	Street	
5. SEX	6. RACE		EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 1 Months Days Hours
Female	Colored	Marri	DIVORCED (specify)	June 15, 1885	lost birthday) 82	Ividilins Days Hoors
		108. KIND OF B	USINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Housewi	rarking life, even it retired)	L	lome	Sussex County,	Vinginia	U.S.A
13. FATHER'S NAM			One	14. MOTHER'S MAIDEN N.		0.5.4
	d Scott			?	?	
					ſ	
(Yes, no or unknown)	Ever in U. S. Armed For (If yes, give war ar date	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			None	Mrs. Willie H	Byrd 624	N. Carey St
18. 2 2	19		CAUSE	OF DEATH		INTERVAL BE
DISEAS	E OR CONDITION DI	RECTLY	-	A .	A 2 1	ONSET AND
	LEADING TO DEATH		(A) C (	balvelage ditte	the of butil	y year
	at mean the mode all asthenia, etc. II means		DUE TO			
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heart failure, injury ar cam	asthenia, etc. Il means	the disease, I death.)	(B) (B) DUE TO	texio selexosi	4	5 years
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hearl failure, injury ar cam  A  DISEASES O rise la lhe UNDERLYING	asthenia, etc. II means plication which caused NTECEDENT CAUSES R CONDITIONS, if obave cause (A) CONDITION last.	the disease, death.)	(B) (B) DUE TO	texio sclerosi abely mellet	s ELA	5 y we
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DISEASES OF THE PROPERTY OF THE DISEASE OF THE DISE	asthenia, etc. II means slication which caused in the cause (A) CONDITIONS, if obave cause (A) CONDITION last.	any, giving stating the CONTRIBUTING ATED TO THE IT. HOTTON FOR WHIFORMED  21B. P. home, etc.,)  (Hour) 21E. II White Work  I) attended the ed alive an	HICH OPERATION  LACE OF INJURY (e.g. lorm, loctory, street, NJURY OCCURRED At Wood deceosed from L	20A. AUTOPSY? (Yes or It alsely Mellety Mellety Mellety Mellety Mellety alsely Mellety OCCUR?  21F. HOW DID IN thite   19 4 1 and 6 or Med, Director   Med, Director   Med, Director	No) 208, IF YES, WERE IN CERTIFYING C.  (If in Boltimo	AUSES OF DEATH?  THE City, give exact lacable  The City of the
DISEASES OF THE PROPERTY OF THE DISEASE OF THE DISE	asthenia, etc. II means slication which caused in the cause (A) CONDITIONS, if obave cause (A) CONDITION last.  II CANT CONDITIONS (A) THE CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (A) The cause of the cause of the causes state of the cause of t	any, giving stating the CONTRIBUTING ATED TO THE IT. HOTTON FOR WHIFORMED  21B. P. home, etc.,)  (Hour) 21E. II White Work  I) attended the ed alive an	HICH OPERATION  LACE OF INJURY (e.g. lorm, loctory, street, NJURY OCCURRED At Wo deceosed from L. 2 (We) (did) (did nat)	20A. AUTOPSY? (Yes or It alsely Mellety Mellety Mellety Mellety alsely Mellety alsely Mellety Occur?  21F. HOW DID IN thite  19 4 and 19 view the body after death Med.	Old 20B. IF YES, WERE IN CERTIFYING C.  (If in Baltima  IJURY OCCUR?  that In (my) (aur) ap	AUSES OF DEATH?  THE City, give exact lacable  The City of the
DISEASES OF THE UNDERLYING  OTHER SIGNIT  TO THE DISEASE OR  19A.DATE OF  21A. ACCIDEN  OF INJURY  (APPROX.)  22. I certify  that (I) (we)  and haur and  23A. SIGNATU  23C. PHYSICIA	asthenia, etc. II means slication which caused in the cause (A) CONDITIONS, if obave cause (A) CONDITION last.  II CANT CONDITIONS (A) THE CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (A) The cause of the cause of the causes state of the cause of t	any, giving stating the CONTRIBUTING ATED TO THE IT.  White Hourt 21E, I White Work  I) attended the ed alive an ted above. (I)	HICH OPERATION  LACE OF INJURY (e.g. lorm, loctory, street, NJURY OCCURRED At Wo deceosed from L. 2 (We) (did) (did nat)	20A. AUTOPSY? (Yes or It alsely Mellet Melle	Old 20B, IF YES, WERE IN CERTIFYING C.  (If in Boltimo	AUSES OF DEATH?  THE City, give exact lacable  The City of the
DISEASES OF THE PROPERTY OF THE DISEASE OF THE DISE	asthenia, etc. II means sticalian which caused interest to the cause (A) conditions, if obave cause (A) condition last.  FIGANT CONDITIONS (ATHER CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (CAUSE OF medical examiner)  That (I) (this hospital last saw the decease from the causes state of the cause of the causes state of the causes state of the causes state of the causes state of the causes	any, giving stating the CONTRIBUTING ATED TO THE IT.  HOTTON FOR WHIFORMED  218. P hame, etc.)  (Hour) 21E. II White Work  I) attended the ed alive an attended above. (I)	(B) DUE TO  (C) DE  HICH OPERATION  LACE OF INJURY (e.g. lorm, loctory, street, loctory, locto	20A. AUTOPSY? (Yes or Inchile 19 4 The and of the standing 19 4 The and of the standing 19 4 The stand	ON 20B. IF YES, WERE IN CERTIFYING C.  (If in Baltimo  IJURY OCCUR?  Thot In (my) (aur) ap  Stoff Phys.   Stoff Phys.	AUSES OF DEATH?  THE City, give exact lacable  The City of the
DISEASES OF THE PROPERTY OF TH	asthenia, etc. II means sticalian which caused in the cause (A) CONDITIONS, if obave cause (A) CONDITION lost.  II can to not recommend in the caused in the	any, giving stating the CONTRIBUTING ATED TO THE IT.  ADITION FOR WHOMED  (Hour) 21E. II White Work  I) attended the ed alive an ted above. (I)	(B) DUE TO  (C) DE  HICH OPERATION  LACE OF INJURY (e.g. lorm, loctory, street, loctory, locto	20A. AUTOPSY? (Yes or It alsely Mellate Mellat	Old 20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  IJURY OCCUR?  Chot In(my) (aur) ap  Stolf Phys.   Cocation	prinion death accurred  23B. DATE SIGNED  23B. DATE SIGNED  City, town, or county)
DISEASES OF THE PROPERTY OF THE DISEASE OF THE DISE	asthenia, etc. II means sticalian which caused interest to the cause (A) conditions, if obave cause (A) condition last.  FIGANT CONDITIONS (ATHER CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION (CAUSE OF medical examiner)  That (I) (this hospital last saw the decease from the causes state of the cause of the causes state of the causes state of the causes state of the causes state of the causes	any, giving stating the CONTRIBUTING ATED TO THE IT.  ADITION FOR WHOMED  (Hour) 21E. II White Work  I) attended the ed alive an ted above. (I)	(B) DUE TO DUE TO (C) DE HICH OPERATION  LACE OF INJURY (e.g. lorm, loctory, street, lord, l	20A. AUTOPSY? (Yes or It alsely Mellate Mellat	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  IJURY OCCUR?  196.2 to July  Stolf Phys.   Stolf Phys.   Cocation (Cocation)  Thutus Ba	Dinion death accurred



VS 150-REV. 1/1/68



W-300 68- 2267 BALTIMORE C	CITY HEALTH DEPARTMENT
MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH REG. NO. 68- 2267
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Month Day Year Hour
(Type or Print) FREDDIE WHITE	DEATH Estimoted X January 29, 1968 UNK M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 12, 1968 5:45 P.M.  15. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
2	A STATE COUNTY
521 Archer Street	Maryland  JIC. CITY OR TOWN  DE INSIDE CITY LIMITS?
6. SEX 7. RACE B. MARRIED NEVER MARR	RIED LIC. CITY ON TOWN
male negro WIDOWED DIVORG	CED Baltimore YES X NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under lost birthdoy) Manths, Days, Hours	r 24 Hrs.   E. STREET AND NUMBER
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR IN	UNUSTRY 15 MOTHER'S MAIDEN NAME
done during most af warking life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war or dates af service) SECURITY (	
The second secon	OF DEATH APPROXIMATE INTERVAL
IV. 4   CAUSE O	OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	riosclerotic Cardiovascular Disease
	EDIATE CAUSE
	TO, OR AS A CONSEQUENCE OF:
Injury or camplication which coused death.)	
ANTECEDENT CAUSES  (B)	TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	TO, OR NO N GOTTE OTT
Z UNDERLYING CONDITION LAST. (C)	
2 4221	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 71 1 1
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ulmonary Tuberculosis
OD TO THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED   21. AUTOPSY? (Yes or No)
15	No
₹ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJU	JRY(e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, factory, str	reet, office bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Haur) 22E. NJURY OCC	
(APPROX.) WHILE AT MORK	NOT WHILE AT WORK
23.	
I certify that I held on Inquiry Inspection	Autopsy ond that on this basis, death in my opinion
resulted from: Notural couses & Accident	Suicide Homicide Undetermined manner
Tesoried Holls: Motori cooses Mg. Accident	CHIEF MEDICAL EXAMINER
ACTUAL ///	DATE SIGNED
SIGNATURE WELLAW WAY	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER   2/13/68
NAME (Type)	ANATOMY BOADS OF MADVIAND
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEI	METERY A CREMATORY DU (24D LOCATION II (City) 14-4 document (State)
	UNIVERSITY MEDICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
FEB 27 1968 (P. O. F. & Fallents	TOODITAL DIODOGAT
The state of the s	DUOTITAL DISTUDAL
VS 151-REV. 1/1/6B	

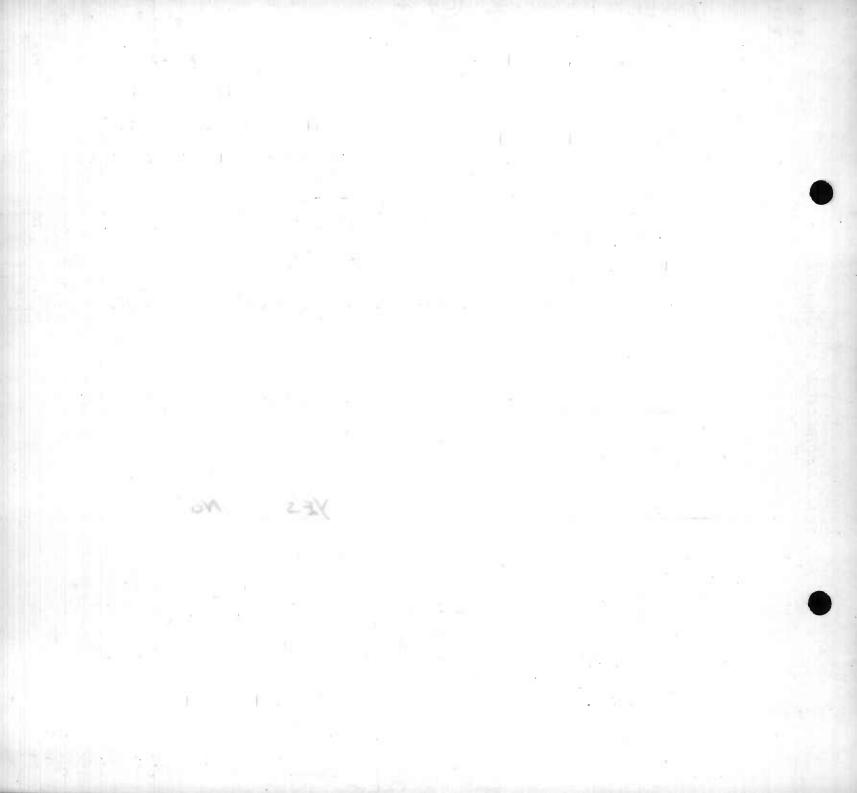


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

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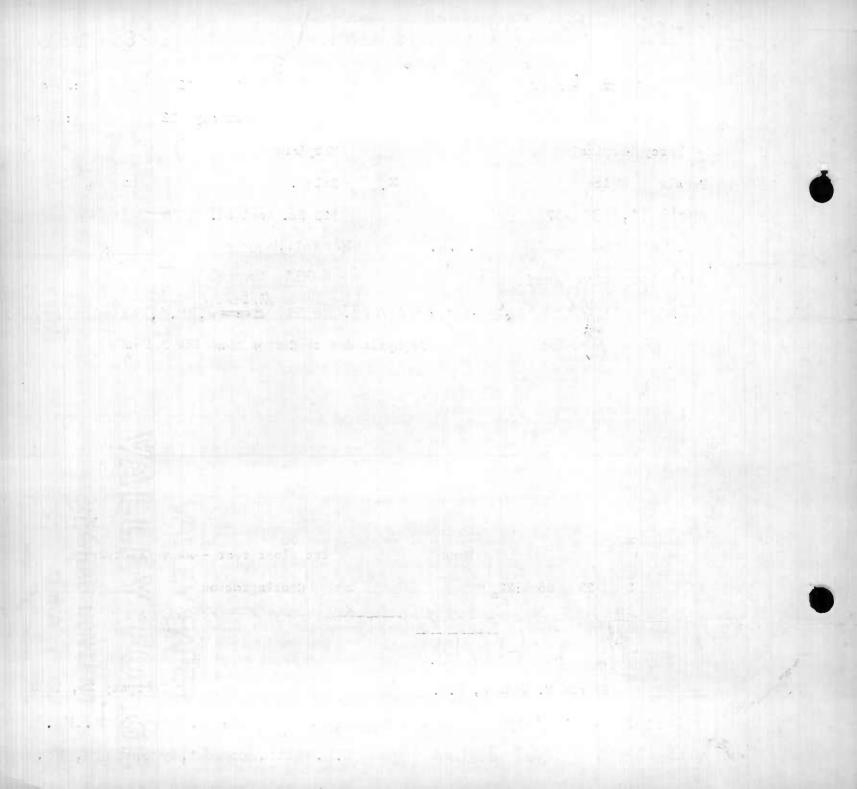
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Teche et M. Hart, the. Letto. H. Trast

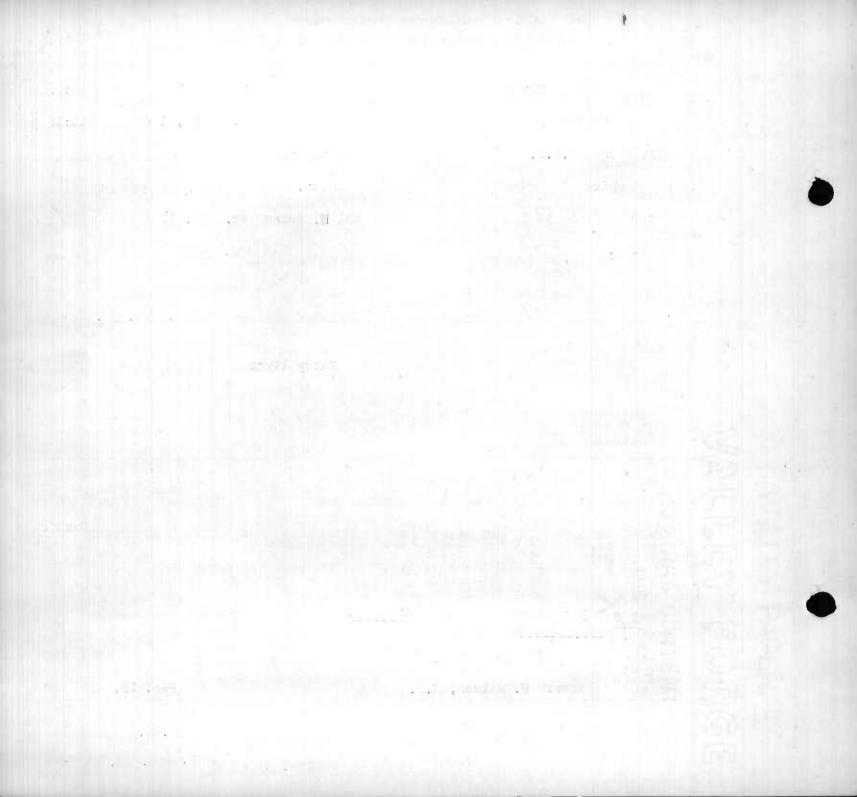
7)-620	CERTIFICATE OF DEATH REGINO	68- 2270
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	00 KR 1U
	2. DATE Known X Month Doy	Yeor Hour
(Type or Print)	OF SHILL OF	
GRETIDA BRAUSS  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted L 2 23	68 4:50 а м. Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1ear Hooi
HOSPITAL ADDRESS OR LOCATION)	February 23	1968 4:50 ам.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	n: residence before odmission)
Mercy Hospital	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
	D-14-	
9. DATE OF BIRTH   10.AGE (In years   If Under   Yr. If Under 24 Hrs.	20200	ES KX NO/L
lost birthdoy) Months Doys Hours Min.	E. SIREEI AND NOMBER	
April 11,1930 37	923 St. Paul St.	
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHALCOUNTRY?	Wendel Norris	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y IS. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	Nellie Barnes	
Administrative Assistant  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	10 INFORMANT	DDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	MITCHEII	
No 213-26-126	Mrs. Nellie Rt. 6.	Westminster. 1
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Asphy	xia due to Carbon Monoxide Po:	
LEADING TO DEATH		
(This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	A DOMOEGOEMOE OF	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE OF:	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 1		YES
	, in or obout 22C. WHERE DID (If in Boltimore City, give exc	
O STATE OF THE STA	ce bldg., etc.) INJURY OCCUR?	11-01
UTING CAUSE OF DEATH.  Z2D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	lst floor rear - Above	address
OF INJURY	T WHILE C	
(APPROX.) 2 23 68 4:22m. WORK AT \	WORK Conflagration	
23. <u>a</u>		
	ond that an this basis, death In my	opinion
resulted from: Notural couses Accident A Suici	de Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	The same of the sa
ACTUAL SIJ	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
SIGNATURE M.I	D	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	hrunry 22 1068
NAME (Type) Edward F. Wilson, M.D.		bruary 23, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tow	n, or county) (Stote)
20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cemetery Winfield, Carr	oll Co. Md.
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	UDDBESS
The state of the s		IDDRESS
PPR 27 TURY /(2/) AL CI ZA /I MA	C M Walter Boar Olid Carl-	oczillo Md
FEB 27 1968 Robert E, Farbura	C.M.Waltz, Box 241, Syk	esville, Md.

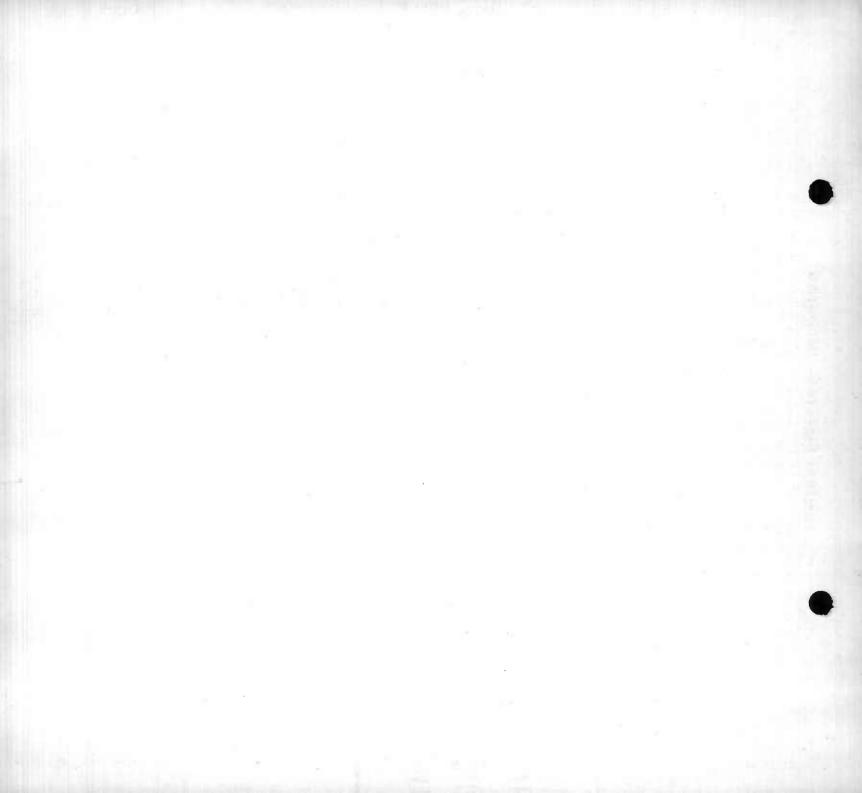


5- 2271	BALTIMORE CITY HEALTH DEPARTMENT
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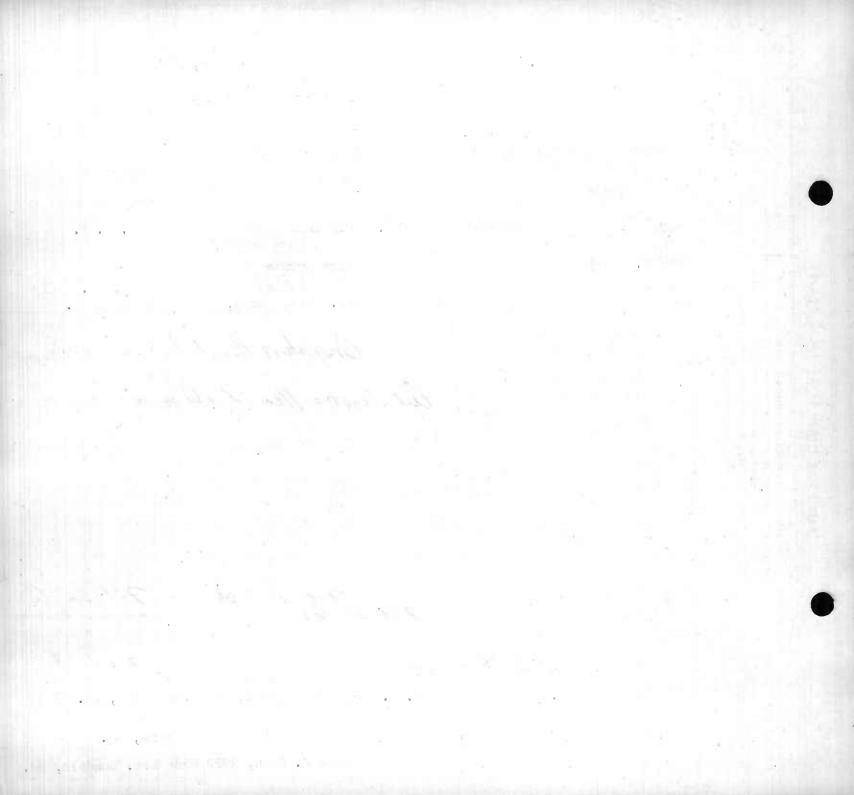
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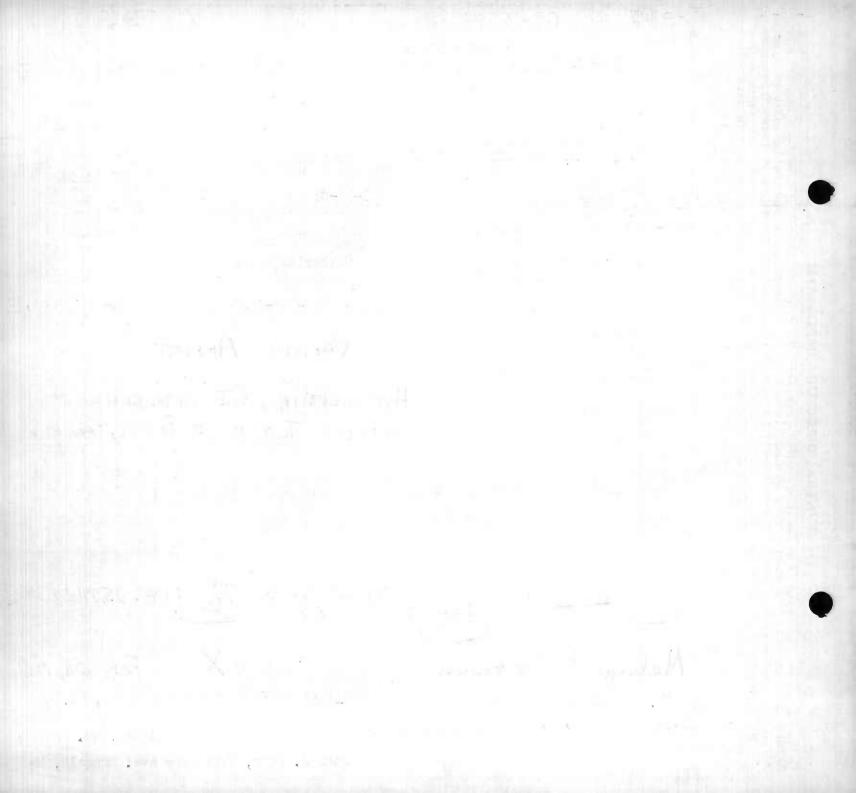
BIRTH NO.		MEDICA	L EXAMINER 3	CEKIILI	CATE	JE DEA	REG. NO.		
1. NAME OF DEC	CEASED			2. DATE	Known X	Month	Doy	Yeor	Hour
(Type or Print)	DORS	EY TIGH	P	OF	Estimoted		24	68	17.05
4. PLACE IN BAI			PRONOUNCED DEAD	DEATH 3. DATE	2011110100	Month	Doy	Yeor	Hour
FULL NAME OF			STITUTION, GIVE STREET	PRONO	UNCED DEAD				
HOSPITAL OR INSTITUTION	ADDRESS	OR LOCATION)		C HCHALD	SEIDENICE (V	Feb.	24, 19		11:25 рм.
3. 4				A. STATE	ESIDEIACE (W	nere deceased	B. COUNTY	i; residence	before admission)
		D.O.A.			Maryland				
6. SEX	7. RACE	B. MAR	RIED 🗌 NEVER MARRIED 🗌	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
Male	white	WIDO	WED DIVORCED	Ba	lto.		Ty	EXXX	NO O
9. DATE OF BIRT	H 110	AGE (In years	If Under 1 Yr. If Under 24 Hrs.		AND NUMBER	R		-perph	775
6/20-1	L908 "	st birthdoy) 58 59	Months Doys Hours Min.	021	NT Ende	C+	D- 17		The state of the s
II. BIRTHPLACE			12. CITIZEN OF	13. FATHER	N. Euta	w St.	Rm. 1/		78/40
			WHAT COUNTRY?						
	Va.	1 1 11 40 114	ID OF BUEINIFEE OR INIDIIETO	VIS NOTH		mas J.	Tighe		
done during most of			D OF BUSINESS OR INDUSTR	I I S. MOTHE	K 2 MAIDEN	NAME			
			aintance Man			ry J,Sl		4 4 4	
16. WAS DECEAS	MILE VER IN U.S	or dates of service	ES? 17. SOCIAL SECURITY NO.	IB. INFOR	TNAM		A	DDRESS	
NO.			236-12-0872	Mrs V	Vilma Ch	ilcoat	700 W.33	rd. St	
19. 4" 7	1 9		CAUSE OF DEA				11100	Al	PPROXIMATE INTERVAL
9/1	. 0							BEIV	VEEN ONSET AND DEATH
DISEAS	SE OR CONDITION LEADING TO D			_					
(This does n	not mean the ma	de of dying, e.g.	(A)IMMEDIATE	AS A CONSEC	atty li	ver			
heart failure	e, osthenio, etc. It i mplication which c	meons the disease	, DOE 10, OK	AJ A CONSEG	OLIVEL OI.				
mory or co.	inplication which c	00000 000111.7							
	NTECEDENT CA		(B)						
DISEASES	OR CONDITION	(A) STATING TH	G DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYI	NG CONDITION	LAST.	(c)						
Ó			(~/						
THER SIGN		TIONS CONTRIB	UTING						
O THE DE		LATED TO THE TER							
		· ·	N FOR WHICH OPERATION W	AS PERFORA	AFD			21 AUTC	OPSY? (Yes or No)
8		consino.	TOR THE OTERATION TO	NO TENTON				I AUTO	71 31; (
-12	- CALLER III	-	Joon of the same of the same of						Partial
UNDERLYING	NAL CAUSE WA		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	e bldg., etc.)	NJURY OCCU	R?	ore City, give exc	oct locotion)	
B UTING □ CA	USE OF DEATH								
≥ 22D. TIME OF INJURY	(Month) (Doy	Yeor) (Ho	ur) 22E.INJURY OCCURRED		22F. HOW DIE	INJURY OC	CUR?		
(APPROX.)				WHILE WORK					
23.	307		III. TOUR AT	, O.M.					
1 cer	tify that I held	an Inquiry	Inspection P Au	topsy X	and that o	n this basis	, deoth in my	opinian	
resul	No.	ural causes X	Acident Suici	de H	omicide 🔲	Undeter	ined monner	i	
16301		TO COURS	A Solet			AL EXAMINER			
ACTUAL	1/1 . 1	1 t	NIE						DATE SIGNED
SIGNAT		7 1	M.I	ASS	STANT MEDIC	AL EXAMINER			
EXAMIN	T T	Edward E	Wilson, M.D.	ASSC	CIATE MEDIC	AL EXAMINER	Feb	. 25,	1968
NAME (	7 - 7								
24A. BURIAL CRE REMOVAL (Spec		DATE	24C. NAME of CEMETERY	or CREMATO	DRY 2	AD. LOCATIO	N (City, town	n, or county	(Stote)
	6	/28-19t8	Blue Mant			0	107 77		
Buria 25A. DATE REC'D			NAME OF REGISTRAR	T25C	FUNERAL DIR	Grafto:	n W.V	DDRESS	
	27 1968		E Farberna			6.			Relto MA
1-20	2 1300	Voluto	C' Acronalina	FI	ank W.	Seitz O.	14 W.36th	1. St.	Dat co.Md
VS 151-REV. 1/1/6	В			101 - 52	15.0				



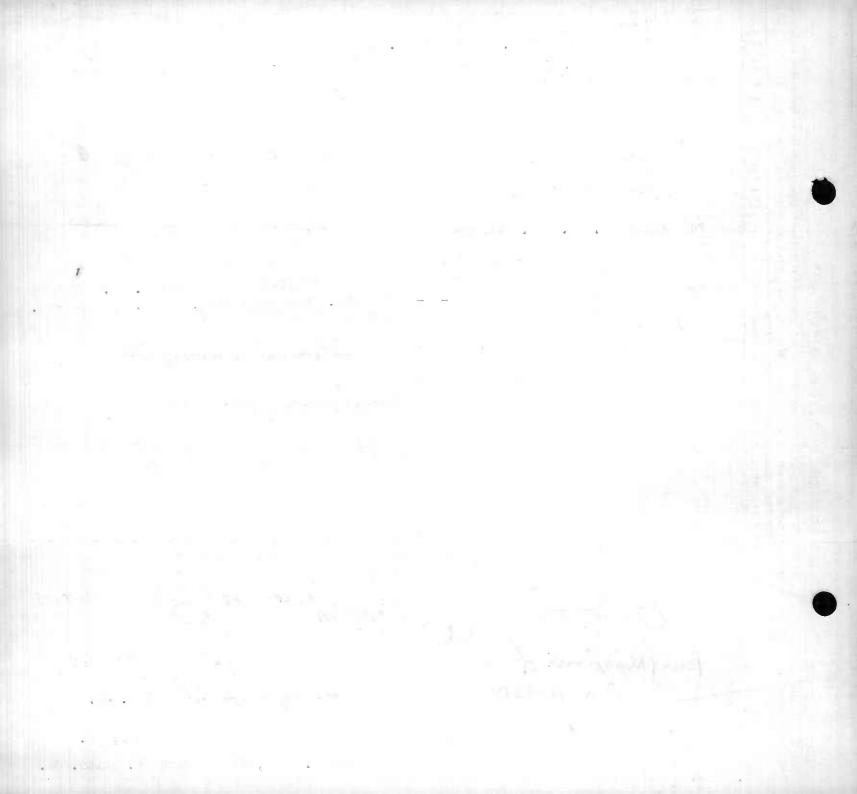


OLDTU NIC		UU		3 CERTIFICA				
INAME O	F DECEASED					AND HOUR OF DEA	TH	
Type or Prin	-41	ard J	. Maeby					
3. PLACE I	N BALTIMORE, MAR			INCED DEAD		Where deceased lived.	L968	e hefare odmi
FULL NAM HOSPITAL INSTITUTIO	NE OF (IF NOT I		AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN Edgemere	Baltimore	NSIDE CITY LIMITS?	NO K
Bal	timore City	Hospi	ital (D	OOA)	3101 Green H			本人
5. SEX	6. RACE		7. MAPPIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	. If Under 2
Male	White		WIDOWED	DIVORCED	5/15/17	last bithday)	Months Doys	Hauis
done during	OCCUPATION (Give most of working life, even hinist			BUSINESS OR INDUSTRI	Maryland	fareign country)	U. S.	
3. FATHER	'S NAME		-		14. MOTHER'S MAIDEN	NAME		
John	n T. Maeby				Alma Mathia			
Yes, no al ur	ceosed Ever in U.S. nknown) (If yes, give	Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN (Wife	) Ed	gemere, Mo	RESS 2121
No				3	Mrs. Irene M			
heort fe	oilure, osthenio, etc. or camplication whic	It meons ch caused		(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:	+ N	•	/
DISEA: injury  DISEA: ise t UNDEI	oilure, osthenio, etc. or camplication whice  ANTECEDENT  SES OR CONDITION to the above con RLYING CONDITION  ( )   ( )   ( )    SIGNIFICANT CONDITION	II meons ch caused CAUSES ONS, if cause (A) N lost.	the discose, deoth.) ony, giving stoting the	(B) Aut S	A CONSEQUENCE OF:	ant Des	ine 1	'yea
DISEAS  IN OTHERS  TO THERS  TO THER	oilure, osthenio, etc. or camplication whit  ANTECEDENT SES OR CONDITION to the above con RLYING CONDITION	In meons chicaused CAUSES ONS, if couse (A) Notes.  IIONS COLLATED TO THE CAUSE TO	the discose, deoth.)  ony, giving stoting the  NIRIBUTING HE TERMINAL TO I (A).  DITION FOR W	(B) Let S DUE TO, OR AS	A CONSEQUENCE OF:  LEACH ARE A CONSEQUENCE OF:  20A. AUTOPSY? (Yes o		RE FINDINGS CONCAUSES OF DEATH	yla Sidered
DISEAS rise to UNDER TO THER STORY OF THE ST	oilure, osthenio, etc. or camplication white  ANTECEDENT  SES OR CONDITION to the above con RLYING CONDITION  SIGNIFICANT CONDITION E DEATH BUT NOT REI E OR CONDITION GIV.	In meons chicaused CAUSES ONS, if chuse (A) Nosl.  TIONS COLLATED TO THE NORTH PAR 119B. CONIWAS PERF	the discose, deoth.)  ony, giving stoting the NTRIBUTING HE TERMINAL TO I (A).  DITION FOR WOORMED	(B) Let Si DUE TO, OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes o	I No) 208. IF YES, WE		
DISEASING OF COLD DEATH	oilure, osthenio, etc. or camplication white  ANTECEDENT  SES OR CONDITION  To the above con  RLYING CONDITION  O 1 0 11  SIGNIFICANT CONDITION  E DEATH BUT NOT REI E OR CONDITION GIVE	In meons chicaused CAUSES ONS, if cuse (A) No lost.  IONS COLLATED TO THE CENTRY PARK TIPB. CON WAS PERF	the discose, deoth.)  ony, giving stoting the NTRIBUTING HE TERMINAL TO I (A).  DITION FOR WOORMED	(B) Let Si DUE TO, OR AS	A CONSEQUENCE OF:  LEACH ARE A CONSEQUENCE OF:  20A. AUTOPSY? (Yes o	I No) 208. IF YES, WE	RE FINDINGS CONCAUSES OF DEATH	
DISEAST TO THERS TO THE STATE OF COLOR COLOR DEATH	oilure, osthenio, etc. or camplication white  ANTECEDENT  SES OR CONDITION  To the above con RLYING CONDITION  O I O II  SIGNIFICANT CONDITION  TO CONDITION GIV.  TE OF OPERATION  CCIDENT WAS UND NTRIBUTING CAU  (notify medical exami	In meons chicaused CAUSES ONS, if couse (A) No lost.  IIONS COLLATED TO THE NEW AS PERFORM SE OF iner)	the discose, deoth.)  ony, giving stoting the   NTRIBUTING HE TERMINAL TO A LONG TO A	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C)	20A. AUTOPSY? (Yes on No in or about 21 C. WHERE DI office bidg., INJURY OCCUP	I No) 208. IF YES, WE	RE FINDINGS CONCAUSES OF DEATH	
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FUL	L NAME OF (IF I	NOT IN HOSPITA	AL OR INSTIT	TUTION, GIVE STREET		MARYLAI			
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5. SE		/	7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In ye	ors If Mo	Under 1 Yr. If nihs Doys Ho
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	ug Boat Capt	• B• &	D. Rail	road	14 1407		noce,	m	with
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15 V	Vos Deceased Ever in U			1 6. SOCIAL	17. INFO	dwiga			
Yes,	,no or unknown) (If yes,	give wor or dote:	s of service)	SECURITY NO. 705-0565	Marc	MAN(Wife)	, , , ,	Balto.	Md. 212
	18. 1 7 0			CAUSE OF DEA		. Wanda Ja	gielski,	628 S.	Belnord
	(This does not meon heart failure, asthenia injury or complication  ANTECEI  DISEASES OR CON rise to the obove UNDERLYING COND	, etc. II means which coused DENT CAUSES DITIONS, if couse (A)	the disease, death.)	(B) CAL	S A CONSEG	QUENCE OF:	fanc	eas	
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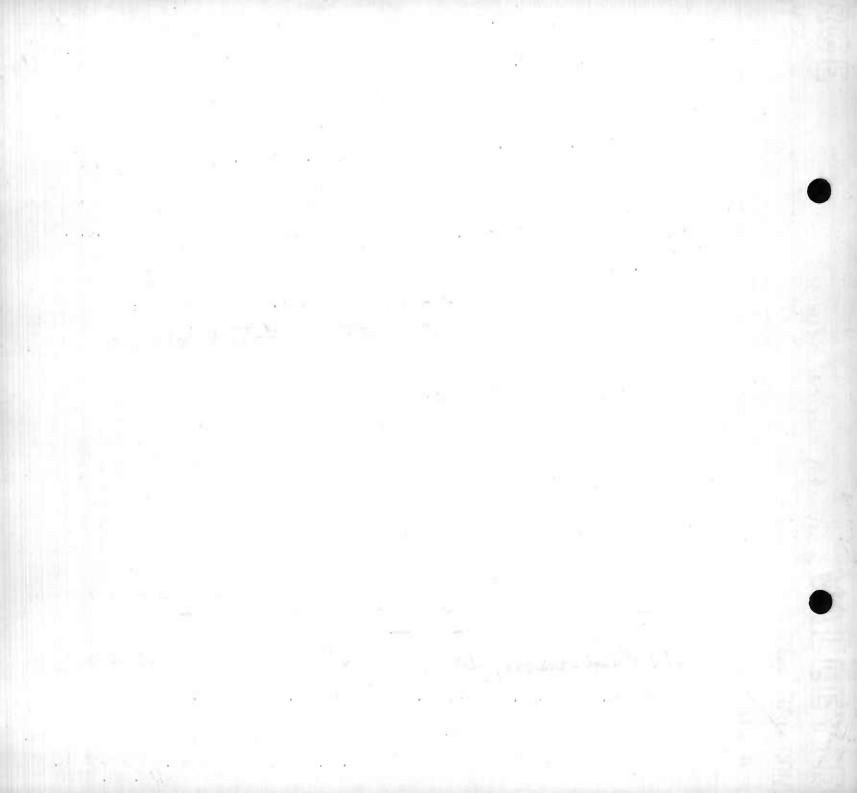


VS 151-REV. 1/1/6B

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VS 150-REV. 1/1/6B

1.	1 201	1		BALTIMORE CITY	HEALTH DEPARTME	NT	68- 2277
u	0-320	f = 68	8- 227	77 CERTIFICA	TE OF DEAT	TH REG. NO	00 1012.7
	TH NO.			CERTIFICA			
	Pe or Print)		. 11 (11)	4		ATE AND HOUR OF DEAT	8:30
_			e V. When			/24/ 68	T M.
3.	PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOL	INCED DEAD	A. STATE B.	COUNTY	institution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Maryland		.4
HC	STITUTION	ADDRESS OR LOC	(NOITA		C. CITY OR TOWN	0.10	ISIDE CITY DMITS?
					Baltimore		YES Y NO
		620 E. 374	th St.		E. STREET AND NUN	BER	STATE OF THE STATE
0	0				620 E. 372	th St.	
5. 9	SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	F	(u)	WIDOWED		11/15/1903	last birthday)	Manths Days Hauts Min.
10A	USUAL OCCL	JPATION (Give kind of wo		BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		working life, even if retired)					THE CHILLIA OF WHAT GOOD THE
8	sales		Hecht (	Co.	Virginia		U.S.A.
13.	FATHER'S NAM	ME			14. MOTHER'S MAIDE	EN NAME	
A	Phont M	Rodgers			Permelia I	Malana	
		Ever in U. S. Armed Fo	nces?	1 6. SOCIAL	17. INFORMANT	Mecone	ADDRESS
(Y e:	s, no or unknown)	(If yes, give wor or dot	tes of service)	SECURITY NO.	I INI OKWANI		ADDRESS
	No			226-24-4686	Clarence A	. Whetzel	(Same)
	183 48	0		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	- 1	E OR CONDITION D	IRECTLY	armye	Atranli-	Lateral In	)
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ü		T WAS UNDERLYING		PLACE OF INJURY (e.g.,	n or about 21 C. WHERE	DID (If in Baltim	nore City, give exact location)
¥		TING CAUSE OF medical examiner	ham etc.)	e, form, factory, street, a	ffice bldg., INJURY OCC	CUR?	
U							
ED	OF INJURY	(Month) (Doy) (Year)	) (Hour) 21 E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
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	22 1	that (1) (this hospite				10/00.	7 - 34 10/0
			ery offended if	le deceased from		1958 to	2-04 1965.
				1-1-1	/ 0		
		last saw the deceas	ed alive an	2-24	1968	and that In(my) (ous) o	pinian death accurred an the date
	that (1) (wa)	last saw the deceas		(Wa) (did) (did not)			pinian death accurred an the date
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	and haur and	last saw the deceos from the causes sta		And DEGREE Phy	ending Med.	leath.	
	that (1) (wa)	last saw the deceos I from the causes sto REPLICATION N'S N'S N'S	ated abave. (I	DEGREE Phy	mending Med. Director  23D. ADDRESS	Shaff Phys.	
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	I from the causes start and th	n P. Ben	DEGREE Phy  Son, Jr.  GEGREE	meding Med. Director 23D. ADDRESS 3506 N.	Shaff Phys. Calvert St.	23B. DATE SIGNED 2-27-68
244	and haur and	I from the causes start and th	n P. Ben	Degree Amb	meding Med. Director 23D. ADDRESS 3506 N.	Shaff Phys. Calvert St.	
24A	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	I from the causes stored by th	m P. Ben	bon, Jr.  DEGREE PHY  BON, GEGREE  ME of CEMETERY of CR	meding Med. Director 23D. ADDRESS 3506 N.	Shaff Phys.   Calvert St.  24D. LOCATION	238. DATE SIGNED  2-27-69-  (City, town, or county) (State)
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	I from the causes start and th	m P. Ben	DEGREE Phy  BON, Jr.  ME of CEMETERY of CR  EST LAWN	meding Med. Director 23D. ADDRESS 3506 N.	Shaff Phys.   Calvert St.  24D. LOCATION  Baltimore,	23B. DATE SIGNED 2-27-68
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREA REMOVAL (S BURIAL	I from the causes stored by th	m P. Ben	DEGREE Phy  BON, Jr.  ME of CEMETERY of CR  EST LAWN	med. S. Med. Director 23D. ADDRESS 3506 N. EMATORY	Shaff Phys.   Calvert St.  24D. LOCATION  Baltimore,	238. DATE SIGNED 2-27-69  (City, town, or county) (State)  Md.



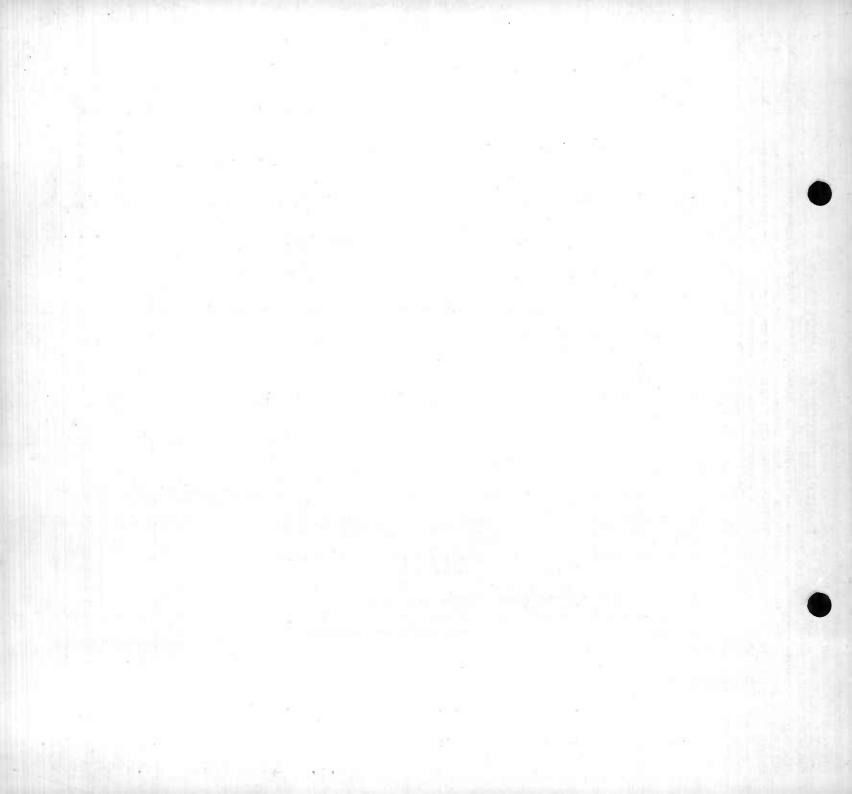
mak.	7-52	4 68-	- 2278	8 CERTIFICA	TE OF DE		68- 2278
1. N	BIRTH NO.  T. NAME OF DECEASED (Type or Print)  Eliza (Elise) Ingle  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)					2. DATE AND HOUR OF DEAT 2-26-68	H 8:30P M
FU I						4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE B. COUNTY  Maryland  C. CITY OR TOWN  Baltimore  VES NO NO	
1	10 R	Ridgewood Nu	ursing H	Home	15 Me	rrymount Road	
5. \$	F	6. RACE	WID OWED [	NEVER MARRIED NO	4-27-18	385   lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	during most of v Artist	working life, even if retired)	Bookbi	inding	Baltimo	ore, Maryland	USA
13. (	FATHER'S NAM Willia	ım Ingle			Harriet		
15. \ (Yes	Was Deceased , no or unknown) No	Ever in U. S. Armed For (If yes, give wor or date	ces? s of service)	16. SOCIAL SECURITY NO. 220-44-244	17. INFORMANT Misses	Ingle Margaret & Ju	
	DISEASES OF COMMENTS OF COMMEN	osthenia, etc. II meons iplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) G CONDITION lost.  II  ICANT CONDITIONS COUNTY OF THE CONDITION GIVEN IN PAR OPERATION 1198. CONDITION CONDITION COUNTY OF THE COUNTY OF	ony, giving sloting the	(B)		i Cardu vascul	1 month +
RTIF	0	WAS PERI	FORMED	PLACE OF INJURY (e.g., e, form, foctory, street, o	No	IN CERTIFYING (	CAUSES OF DEATH?
DICA	OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.)	medical examiner)  (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 <b>F. HO</b>	W DID INJURY OCCUR?	
	that (I) (we)	that (1) (this hospital last sow the deceose I from the causes sto	d olive an	re deceosed from F Feb 2 Y	19 68 view the bady of		pfinion death accurred on the date
	23 C. PHYSICIA NAME (T)	NED OSS	man lfred 6	. Ossman	ending Me os. Dir 23D. ADDRESS 1101	St. Paul St.	238. DATE SIGNED 2-27-68. Balto. Md.
24A	BURIAL CREA	pecify)	-	ME of CEMETERY OF CR	EMATORY		(City, town, or county) (State)
C	rematic	$\frac{2-27-6}{2}$	58 G	reenmount		Baltimore,	Md.

and a second of the second of

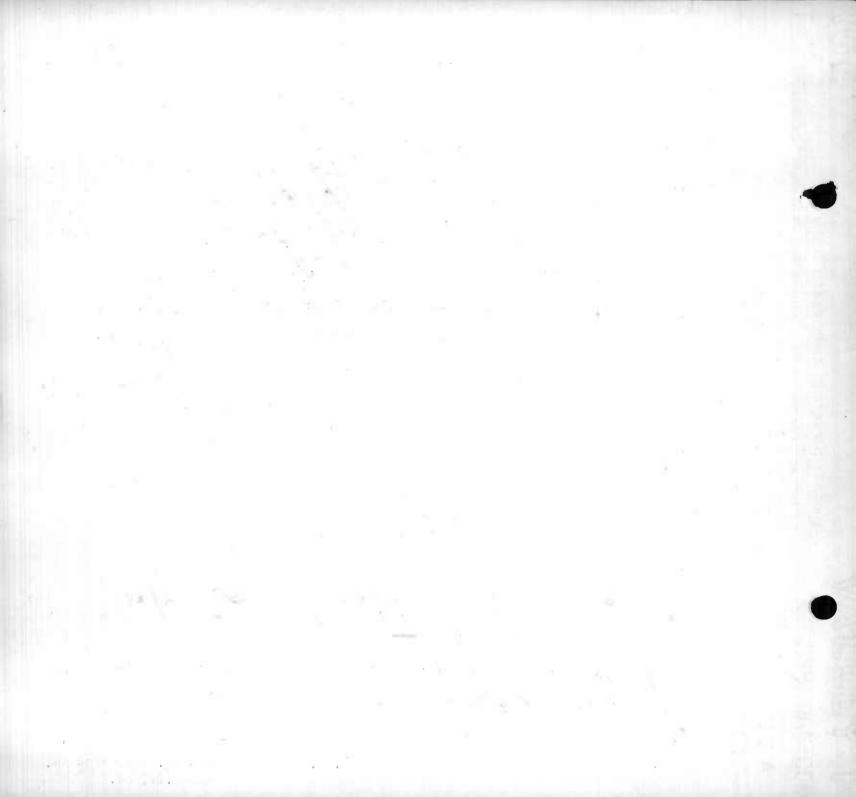
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B



-	5-26		TY HEALTH DEPARTMENT		68- 2280
BIE	J-56 0	2280 CERTIFIC	ATE OF DEATH	REG. NO	00 10.700
1,1	NAME OF DECEASED TO THE		2. DATE /N	D HOUR OF DEATH	PM M.
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B COUN	re deceased lived. If in	stitution: residence before admission)
H	STITUTION	AL OR INSTITUTION, GIVE STREET	c. city or town	0	DE CITY LIMITS?  YES NO
27	rosyland bene	en doppelal	E. STREET AND NUMBER	On la su	Q (Co).
5.	SEX 6. RACE	7. MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
L	emobe enfelle	WID OWED DIVORCED	1 13/92	75	
	N. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUST	RY 11. BIPTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
1	Jonemsker)	Sun tome	Moseyla	nal	Ce.SA.
13.	FATHER'S NAME		14. MOTHER'S MATOEN NA	ME	
	600890 100	(00)	(200)	Cours	
15. (Ye	Was Deceased Ver in U. S. Armed Ford s.no or unknown) (If yes, give yor or date:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	noll	220 44 118	3 Charle	. (	
	18.4/0.9	CAUSE OF DEA	-0.1	0 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	Celebra		al Hay	bliton.
	(This does not mean the made of		AUSE AS A CONSEQUENCE OF:	······································	
	heart failure, asthenia, etc. It means injury or camplicolian which caused				
	ANTECEDENT CAUSES	(R)			
	DISEASES OR CONDITIONS, if	// giving	AS A CONSEQUENCE OF:		
	rise to the above cause (A) UNDERLYING CONDITION last.	(C)			
NO NO	OTHER SIGNIFICANT CONDITIONS COL				
E	DISEASE OR CONDITION GIVEN IN PART	T 1 (A).			***************************************
ERTIFIC	19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct locotion)
	21D. TIME (Month) (Doy) (Year)		21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Work At Wo			
	22. I certify that 🍪 (this haspital	) attended the deceased from	724	1965 10 2	125 1968.
	that ( (we) last sow the decease	d olive on 2/25	19.6. 8 and th	not in ( ) (our) opi	nion death occurred on the date
	and haur and from the couses stat	ed obove. (We) (did) (did not	) view the body ofter death.		
	23A. SIGNATURE		Manding D Mad D	S. # ==	23 B. DATE SIGNED
	1 (your	MON MU DEGREE	hys. Med. Director	Shaff Phys.	2/25/68
	23C.PHYSICIAN'S NAME (Type)	- 2)	23D. ADDRESS	l General Ho	spital
	11 115.	AYCOK DEGR	EE		
24	A. BURAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF			ity, town, or countyl (Stotel
	Burial 2/28/68			lti-more	Md.
25	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	H. W. Jenkin	s & Sons Co	. 4905 York Rd.
1		W C, 1000		Balto.	
VS	150-REV. 1/1/68				



BALTIMORE CITY HEALTH DEPARTMENT 2281 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH EB. 23 4. USUAL RESIDENCE (Where deceased lived. If institution: residence C. CITY OR TOWN (If outside city limits, write RURAL and give township) CATONS VILLE D. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH If Under 1 Yr. Months: Doys 9. AGE (In years If Under 24 His, MARCH 16,1905 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND USAI 14. MOTHERS MAIDEN NAME UNKNOWN 17. INFORMANT ADDRESS ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., fNJURY OCCUR? (If in Boltimoro City, give exect locotion) 21F. HOW DID INJURY OCCUR? Feb 21 19 68 to 68 and that in(my) (our) aplnian death accurred an the date and have and from the causes stated abave. (1)(We) (did)(did nat) view the bady after death. 23 B. DATE SIGNED Attending Phys. 23 D. ADDRESS UNIVERSITY UF A 24C, NAME of CEMETERY OF CHEMPANOUS 24D, LOCATION Pro Geo Co Wheaton Md. 25C. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Md. VS 150-REV, 1/1/65

Letter from University Hospital 3-14-68 M.H.

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The second second Links 200.0 SING Districted for College Enemi FAR Baro KAT Make HOLTER + METT

	ME OF DECEASED	2283 CERTIFICA	2. DATE AN	Registered Na.	
	ACE OF DEATH IN BALTIMORE, MARY	LAND TO HALL D.	4. USUAL RESIDENCE (Where A. STATE 8. COUN	23-68 e deceosed lived. If in	3.75
H	OSPITAL OR oddress or location)	institution, give street	A. STATE 8. COUN  // AF G/AND  C. CITY OR TOWN (If out	Man I was	
	SINIAI HOSP.		Baltimore		1-18)
10	<u> </u>		4810 Park		ave #15
5. SE	4 6	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8-24-1891	9. AGE (In years lost birthday) 16	II Under 1 Yı, If Und Months Doys Hours
done	USUAL OCCUPATION (Give kind of work )  Juring most of working life, even if refired)	OB. KIND OF BUSINESS OR INDUSTR	Ridge WAY S	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHERS NAME  On AS Cur	ninaham	14. MOTHERS MAIDEN NAM	nningham	
15. W (Yes,	/os Deceased Ever in U. S. Armed Force	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Marie Wil	,	ADDRESS
1	8.5 93.2 V		OF DEATH	THITIS S'	INTERVAL BETY ONSET AND D
	DISEASE OR CONDITION DIRECT	CTLY	lea. Esperie	2 KT	3-5 da
1	(This does nat mean the made of d heart failure, asthenia, etc. It means th injury ar camplication which coused d	dying, e.g., DULTO he disease, leoth.)	um Estema		3-5 Ca
ı	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if an inserting the above cause (A) support of the condition last.	DUE TO	one read		>13,
0	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTDIRITING	lity du Sin W		
RTIFIC	9A-DATE OF OPERATION 19B. CONDI WAS PERFO	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 2	TA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(II in Baltimore	e City, give exact location
CAL	21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED  While At Not Wh	21 F. HOW DID INJ	URY OCCUR?	
AEDICA	APPROX.)	Work At Work			
WEDICA 2	APPROX.) 22. I certify that (1) (this hospital)	Work At Work		9 64 to	- > 5
WEDICA 2	APPROX.) 22. I certify that (I) (this hospital) hat (I) (we) last saw the deceased	attended the deceased fram alive an 2 - >3 - 6-8	2 -/6 1		
WEDICA 5	APPROX.) 22. I certify that (1) (this hospital)	attended the deceased fram alive an 2 - >3 - 6-8	2 -/6 1		
WEDICA 2	APPROX.)  22. I certify that (I) (this hospital)  that (I) (we) last saw the deceased  and haur and fram the causes states	attended the deceased fram alive an 2 - 23 - 62 d abave. (I) (We) (did) (did nat)	2 -/6 1		nian death accurred a
WEDICA 2	APPROX.)  22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and fram the causes states 3A. SIGNATURE 3C. PHYSICIAN'S NAME (Type)  EA +	work At Work attended the deceased fram alive an 2-23-68 d abave. (I) (We) (did) (did nat)  M.D. At Ph	19 and the view the bady after death.  lending Med. Director 23D. ADDRESS	Stolf Phys.	2-23-68
24A.	APPROX.)  22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and from the causes states 3A. SIGNATURE  3C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, REMOVAL (Specily)  24B. DATE REMOVAL (Specily)  2-26-6	attended the deceased fram alive an 2 - 23 - 68 d abave. (I) (We) (did) (did nat)	19 and the view the bady after death.  lending Med. Director 22D. ADDRESS  EMATORY 24D. Le	Stolf Phys.	nian death accurred a

Kelmin S. C. Kadenny S. C. Lenningham Jerman Commissions Seen 1957 the there to Homes 2 min 1 and 1 and

the testing over the part of the second or and the second

BALTIMORE CITY HEALTH DEPARTMENT	7
MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	A
BIRTH NO.	_
1. NAME OF DECEASED   2. DATE Known X Month Doy Year Hour	=
(Type or Print) OF	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month  Doy  Yeor  Hour	Μ.
PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) FED TURY 24, 1908 6:30 a	
A. STATE	
2319 Whittier Ave. Maryland	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. IL SIDE CITY LIMITS?	
M Female Wolored WIDOWED DIVORCED Balto.	
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER	_
5-6-1905   lost birthday   Months, Doys, Hours, Min.   2319 Whittier Ave.	
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF  13. FATHER'S NAME	_
WHAT COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	_
done during most of working life, even if retired)	
Domestic Home FlyiRA Hisher	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) ((If yes, give wor or dotes of service)	
218-30-7323 MARY M. JONES 1610 N. Wolfe ST	7
19. CAUSE OF DEATH  APPROXIMATE INTERV. BETWEEN ONSET AND DI	
DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease	
LEADING TO DEATH  (A)IMMEDIATE CAUSE	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECOPOLITONICALISTS	
ANTECEDENT CAUSES  (8)  DISEASES OR CONDITIONS, IF ANY GIVING  DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (c)	
CC)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.	)
l No	
▼ 22A. FXTERNAL CAUSE WAS 122B PLACE OF INTURY(e.g., in or obout 22C, WHERE DID (If in Boltimore City, give exect location)	_
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, NNJURY OCCURRED 22F, HOW DID INJURY OCCUR?	—
OF INJURY WHILE AT NOT WHILE	
Table 123.	—
I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my apinlan	
ACTUAL ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S  ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.  24A. BURIAL CREMATION. [24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (Stote)	3
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
BURIAL 2-29-68 CA/VARY FOR Church Com. Dyrkesulle, VA	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
KERYTINEO ALA SIDITA ILA	
FEB 27 1968 Polest E. FarleyM MORTON + DYETT - 1701 LAUREN	C

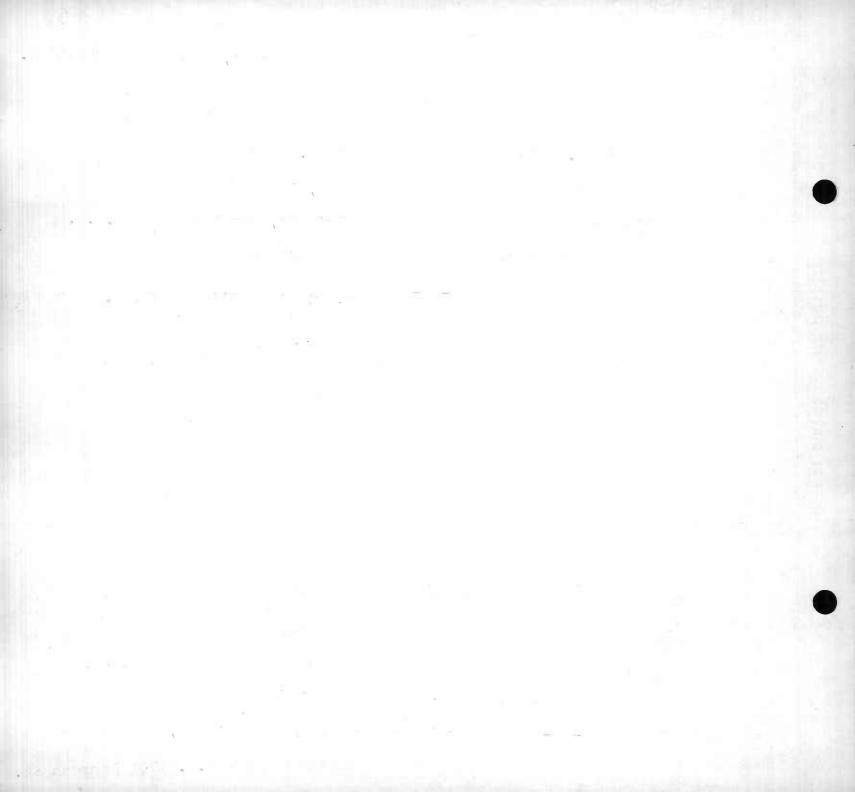
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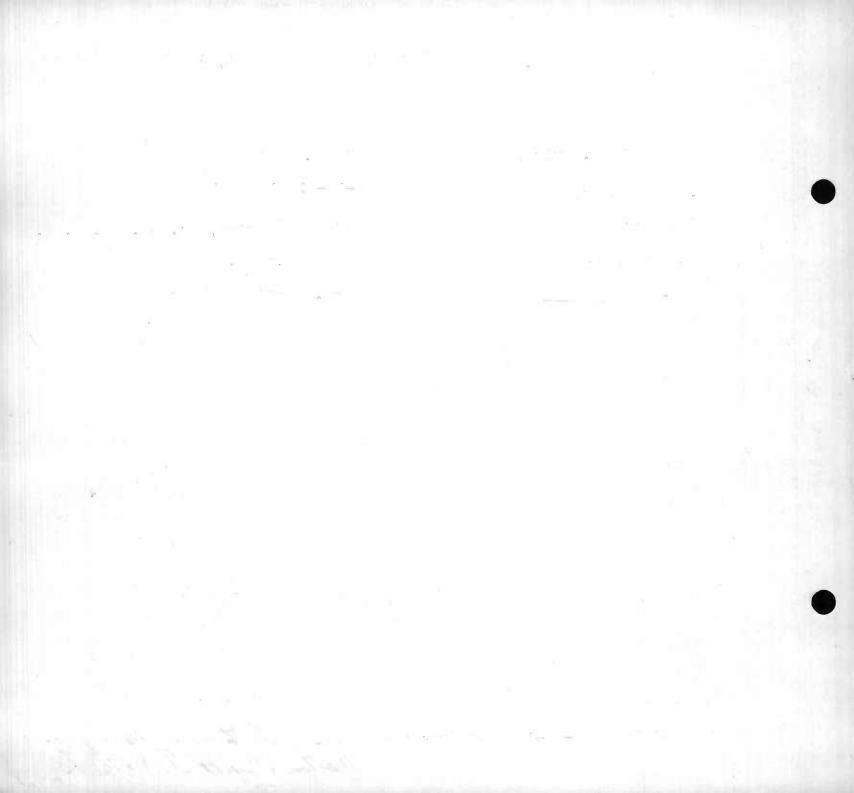
Burkesulle, UA. U.SA. Falix Hiller Demestre Hone Fluiren Fisher 28 30-7523 Mary M. Jones 1610 A 1016

Bueine 2-28-68 Columb Gold Com Borken Hay VA

Meeton + Darl - 1701 Love

VS 150-REV, 1/1/68





B-635

68- 2287 BALTIMORE CITY HEALTH DEPARTMENT

	EXAMINER'S			DEAT	H REG. NO.	68-	- 228	37
BIRTH NO.		IIo DATE	, PV	A.A1		V	T.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF	Knawn X	Month	Doy	Yeor	Hour	
MARY L. BURDEN		DEATH	Estimoted	2	24	68	4:45	ам.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE	INCED DEAD	Month	Doy	Year	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  HOSPITAL ADDRESS OR LOCATION)	JTION, GIVE STREET	PRONOC	NOED DEAD	Februa	rs 2/1	1968_	11.0/15	a M
OR INSTITUTION			SIDENCE (Where				before odmis	sign)
00 1015 11 11		A. STATE			B. COUNTY	A STATE OF THE PARTY OF THE PAR	- Contraction	
1315 N. Monroe St.		C. CITY OR	yland		D. IN SIDE C	TV LIMITES		-
MARKIE	NEVER MARRIED	C. CIII OK	101114		D. III SIDE C	1-envillag	-	and the same
Female Colored WIDOWE	DE DIVORCED	Ba1	TO NUMBER		Y	ES J	NO 🗌	
	Under 1 Yr. If Under 24 Hrs. onths, Doys, Haurs, Min.	E. STREET A	ND NUMBER					
3-15-1898 69	Onnis Doys I made s   Mini.	1215	N M	O.L				
	. CITIZEN OF	13. FATHER	N. Monroe	SE.				
Lewiston, N.C.	WHAT COUNTRY?	T		R.	. 1			
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND C		JR I	YANS YS MAIDEN NAM	DANC	10			
dane during mast of warking lile, even if retired)	P BUSHNESS OK HADUSIK	1 13. MOTHER	S MAIDEN NAP	NE D	,			
		MATO	ARET	12	INCh			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dotes of service)	17. SOCIAL SECURITY NO.	18. INFORM			A	DDRESS		
(1 es, ha ar anknown) (1 yes, give war ar agres or service)	212.36.9468	Emmo	L CAM	n ho 11	131	CN.	MONE	20
19.	CAUSE OF DEA			pu II		AP	PROXIMATE IN	
H1307						BETW	VEEN ONSET A	ND DEATH
DISEASE OR CONDITION DIRECTLY	Arterios	cleroti	c Cardiov	ascula	r Disea	se		
LEADING TO DEATH	(A) IMMEDIATE C	CAUSE						
(This daes not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
injury or complication which caused death.)								
ANITECEDENIT CALIFEE								
DISEASES OR CONDITIONS, IF ANY, GIVING	(8)DUF TO, OR	AS A CONSEC	UENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE								
Z UNDERLYING CONDITION LAST.	(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  20 A. DATE OF OPERATION 208. CONDITION FOR								
THER SIGNIFICANT CONDITIONS CONTRIBUTION	IG							
O THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL							
20 A. DATE OF OPERATION 208. CONDITION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes a	r No)
Ö								
₹ 22A. EXTERNAL CALISE WAS 22	P. DI ACT. OF INITIDAY		OC WHERE BID	111 (1)	<u> </u>	1 1 11 1	r	10
U LINDERLYING TOR CONTRIR	B. PLACE OF INJURY (e.g., me, farm, factory, street, affic	e bldg., etc.) If	NJURY OCCUR?	(It in Baltimor	e City, give exc	ict lacation)		
☐ UTING ☐ CAUSE OF DEATH.								
22D. TIME (Manth) (Day) (Year) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN.	JURY OCCU	JR?			
OF INJURY (APPROX.)		WHILE						
23.	WORK L AT W	VORK						
I certify that I held an Inquiry	Inspection Au	tapsy 🗌	and that on th	hie hasis	death in my	aninian		
resulted fram: Natural causes X	Acdident Suicio	de 📋 Ho	micide 🔲	Undetermi	ned monner [			
4/1/	-11/11-		CHIEF MEDICAL E	XAMINER			DATE SIGN	NED
ACTUAL SIGNATUR	- 10 11 mm	ASSI:	STANT MEDICAL E	XAMINER	N N		DAIL SIOI	ALD
EXAMINER'S	141.0	, ASSO	CIATE MEDICAL E	YAMINER				
NAME (Type) Edward F. Wi	Ison M D	A330	CIAIL MEDICAL L	.AAMII YEK		ebruar	y 24,	1968
	24C. NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION		n, or county		
REMOVAL (Specify)	10000	A A			1		MI	
BURIAL 2-28-68	CARVER	Men	1.	AUR.	R/	-	110	
25A. DATE REC'D BY HEALTH DEPT 25B. NA	ME OF REGISTRAR	25C. F	UNERAL DIRECTO	OR N	A	DDRESS		
1308 (1-0 m)	TE JOLDINA	14	- 0	, )	TI	1701	10.0	
		M	ORTON	J. Je	011	10, 1	HYRE	NS
VS 151-REV. 1/1/68			1 1 2 1 1 1					1

Demans Sunch MATGARET Bunch 212-34-900 Enma Campbell 1315 M. House 2-25-68 CARVER MEM LAWERT BurgiaL HORREN & DATE HET LANKER

VS 150-REV. 1/1/6B

Frank Street STATES IN THE STATES Marie and Carlo Section of why the S Material and all and the second

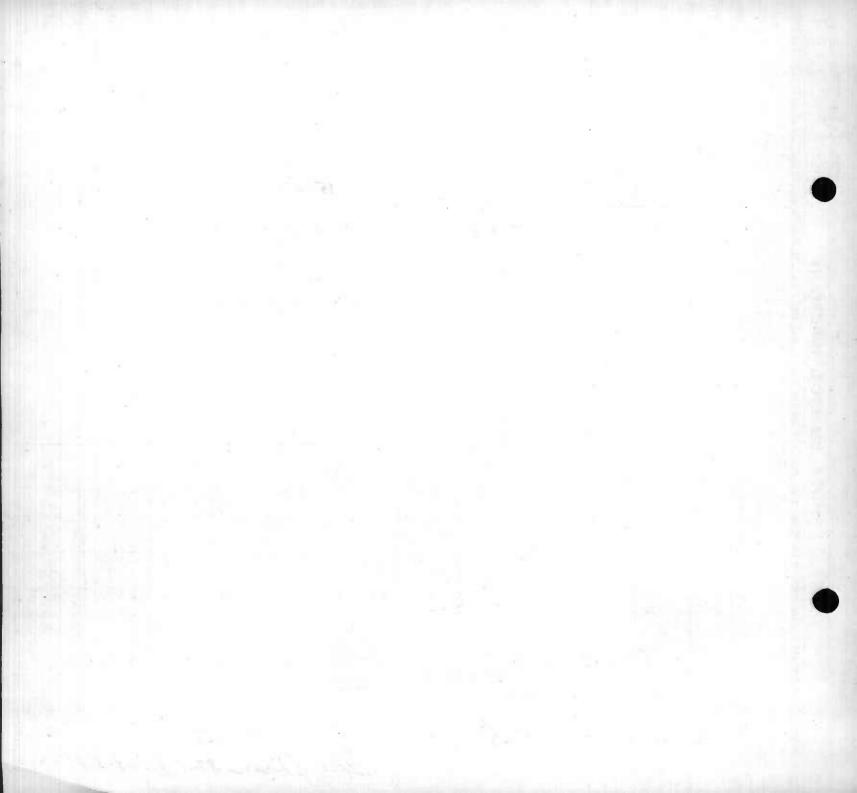
68- 2289

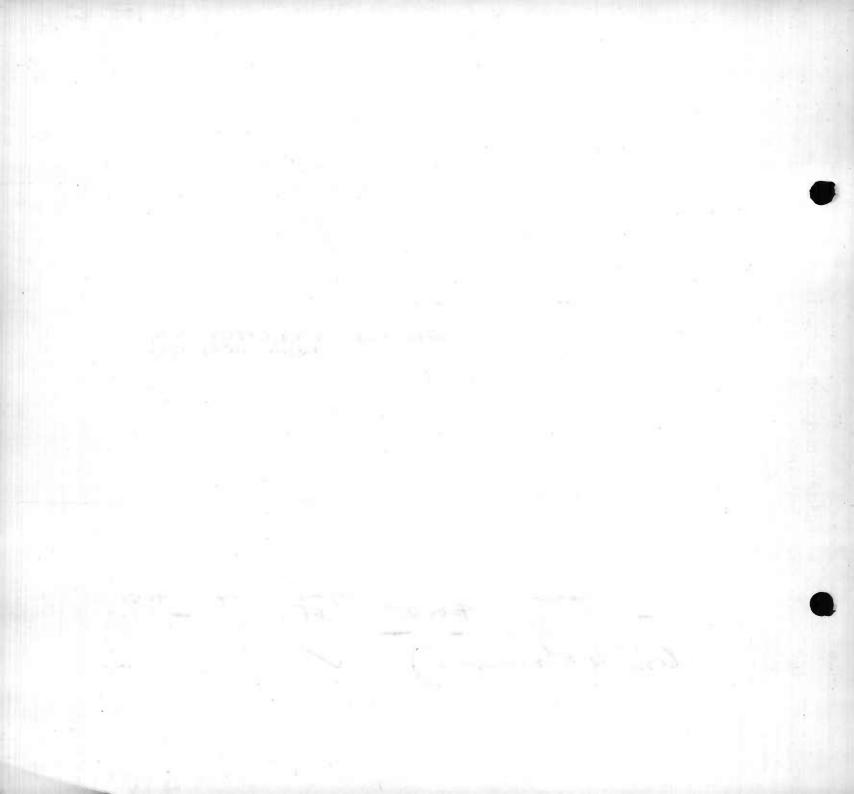
	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
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BIRTH NO.		MEL	ICAL	- CA	AMINER 3	CEKITI	CATE OF	DEAT	REG. N	١٥		
I. NAME OF DEC	CEASED					2. DATE	Known 🛣	Month	Doy	'Yeor	Hour	_
BERTRA		IADAY	(Bus			OF DEATH	Estimoted	2		22 6		М.
4. PLACE IN BAI						3. DATE	JNCED DEAD	Month	Doy	Yeo	Hour	
FULL NAME OF HOSPITAL	ADDR	ESS OR LOCA	ALORINS	MONUME	I, GIVE STREET		Fe	bruary		1968	9:55 p	м.
OR INSTITUTION						5. USUAL R	ESIDENCE (Whe	re deceosed li	B. COUN		e before odmission	n)
	Provide	ent Hos			.O.A.	M	aryland			LA		
6. SEX	7. RACE		8. MARI	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSID	E CITY LIMITS	? Concert	
Male	Cold		WIDOV	WED 🗌	DIVORCED	Bal				YES &	NO 🖸	
9. DATE OF BIRT		10. AGE (I	n yeors	If Unde Months	er 1 Yr. If Under 24 Hrs.   Doys   Hours   Min.		AND NUMBER					
8-28-19			2				12 Whitel	ock St				
II. BIRTHPLACE					TEN OF	13. FATHER	umbus C	annadi	,			
Balto.,	_							-				
fone during most of			146. KINL	D OF BU	SINESS OR INDUSTR				3			
		11.6		50 IV	7 66 6 4 1	_	rraine	Cannac	ду	155555		
6. WAS DECEAS Yes, no or unknown					7. SOCIAL SECURITY NO.	18. INFOR		0	der	ADDRESS	nitelock	C+
Lo					041155 05 05		Doretha	Canna	ady	OTS MI	APPROXIMATE INTER	
1 5 96	5 X I				CAUSE OF DEA	ATH				BB	TWEEN ONSET AND	
DISEASES RISE TO TH	e, osthenio, etemplication whith the condition of the con	CAUSES	oth.)		(B) DUE TO, OR	AS A CONSE	QUENCE OF:		2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m			
TO THE DE	ATH BUT NO R CONDITION	TRELATED TO	THE TERM	AINAL	HICH OPERATION W	AS PERFORM	NED	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		21. AU	TOPSY? (Yes or N	10)
01											yes	
UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	SUSE OF DE	ITRIB-	r) (Hou	home, f	INITION OCCUPPED	t (Home)	NJURY OCCUR?	iteloci NJURY OCC	k St.	13	) 0/	
23.		.1.	. [	7 .		-000		al I . I	1. 4.			
			nquiry [	,		D. ASSI	ond that an omicide X CHIEF MEDICAL	Undetermi EXAMINER EXAMINER			DATE SIGNE	D
EXAMIN NAME (		Edward	T F	Wile	on, M.D.	ASSO	CIATE MEDICAL	EXAMINER		Fwbı	muary 23,	196
24A. BURIAL CRE REMOVAL (Spec Buria	MATION,	24B. DATE 2-27-		24C.	NAME of CEMETERY			Balt		town, or cour		
25A. DATE REC'D	BY HEALTH	DEPT.			F REGISTRAR		FUNERAL DIREC			ADDRESS	,	
	FEB 27	1968	Rol	est	E, farker Ms	MOI	RTON & 1	OYETT	F.H.	1701	Laurens	St
/S 151-REV. 1/1/6	8	1900	1			100 10	25 51	1			The Table	V

the state of the s Self-free of Lover of the A CONTRACT OF STREET STREET

			00	00	BALTIMOR	E CITY HEALTH	DEPARTMENT		
Dip	TU NO		68	- 22	90 CERTIF	ICATE C	F DEATH	REG. NO	68-2290
	TH NO.	EASED						ND HOUR OF DEAT	TH TO SE
(Ту	pe or Print)	1r. GE	orgE	EL	ANG 5	R.	21	25/68	1 1130 P N
3.	PLACE IN BAL	TIMORE, MAR	LAND, W	HERE PRONC	UNCED' DEAD	4. USU/ A. STAT	AL RESIDENCE (Who	ere deceased lived. II	institution: residence before odmission)
FII	LL NAME OF	(IE NOT I	N HOSPIT	AL OR INSTI	TUTION CIVE STREET	1 11	d	BAH, (	2.44 11 17
HC	SPITAL OR	ADDRESS	OR LOCA	ATION)	TUTION, GIVE STREE	C. CITY	OR TOWN		NSIDE CITY LIMITS?
1		ELLO HO	so tal			BA	titimore		YES NO
7	1	nove t					ET AND NUMBER		1
/	10417	HOLE !				3	71 60	ESHAM	AUE.
5. 9	EX	6. RACE		7. MARRIED	NEVER MARRIE		OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M	V	) -	WIDOWED	DIVORCE	0 5	15/87	80	
	. USUAL OCCI			10B. KIND C	F BUSINESS OR INC	USTRY 11. BIRTH	HPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
aon	SALESM		i ir reilred j	Foo	D	3	Altinor	e , Md	U.S. A.
13.	FATHER'S NA			1 00			HER'S MAIDEN NA	1	
	Fd	WAVD	1_	* ~ 0			ALICE	Lloyd	
15.	Was Deceased	Ever in U. S.	Armed For	cos?	1 6. SOCIAL	17. INFO		-,040	ADDRESS
(Ye	s, no or unknown	(If yes, give v	vor or dote	s of service)	SECURITY NO.				
	NO				212-03-10		PITHL CH	TAPT.	
	18.	1.9.1			CAUSE OF	DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	OTHER SIGNIF	CONDITION  CONDITION	I lost.	NTRIBUTING HE TERMINAL T 1 (A).	(C)				
RTIFIC	19A. DATE OF	OPERATION	WAS PERF	DITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE	21 A. ACCIDER OR CONTRIBU DEATH (notify	NT WAS UNDI	ERLYING [ SE OF ner)	21 ho etc	B. PLACE OF INJURY me, form, foctory, st	(e.g., in or obout reet, office bldg.,	INJURY OCCUR?	(If In Boltin	nore City, give exoct location)
MEDI	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor)		E. INJURY OCCURR		21F. HOW DID IN	JURY OCCUR?	
5	(APPROX.)				hite At N	Work			
	22. I certify	that (1) (this	haspital	) attended	the deceased from	12-4		19 67 to	2 - 25 196%
		last saw the			2 - 25	19	100		pinion death accurred on the dat
					(I) (We) (did) (did				i and a soul of the dal
	23A. SIGNATU		0262 2101	ed anove.	(·) (··e) (ala) (ala	nut) view the	budy direr dedth.		23 B. DATE SIGNED
	-1	mli	une	mo		Attending	Med.	Stoff Phys.	2/25/68
	23C. PHYSICIA	N'S	1		OEGR	Phys. 23D. ADD	Director L		
	PAME (T	ype)	1 =	W D		Mor	STEBELLO	HOSPITA	
244			NE,		IAAAE at CELAPTER	DEGREE	BALTINON		(City to 100 and 100 a
241	- BURIAL CKE	WALLEYN, CAB.	DAIL	, 24C. N	IAME of CEMETERY	OF CREMATURY	/ 24D.	LOCATION	(City, town, or county) (Stote)
	REMOVAL	MATION, 24B. Specify)	1.1		6	. 12			
7	Buria	l 2,	129/	68 2	oudow	Land	٤. :	Ballin	now max
7	12	l 2,	129/	25B, NAME	OF REGISTRAR		FUNERAL DIRECTO	Ballin	Por LADDRESS Randall
0	Buria	l 2,	129/	25B, NAME	oudow		FUNERAL DIRECTO	Ballin ers 8728	Leberty Roll Randall





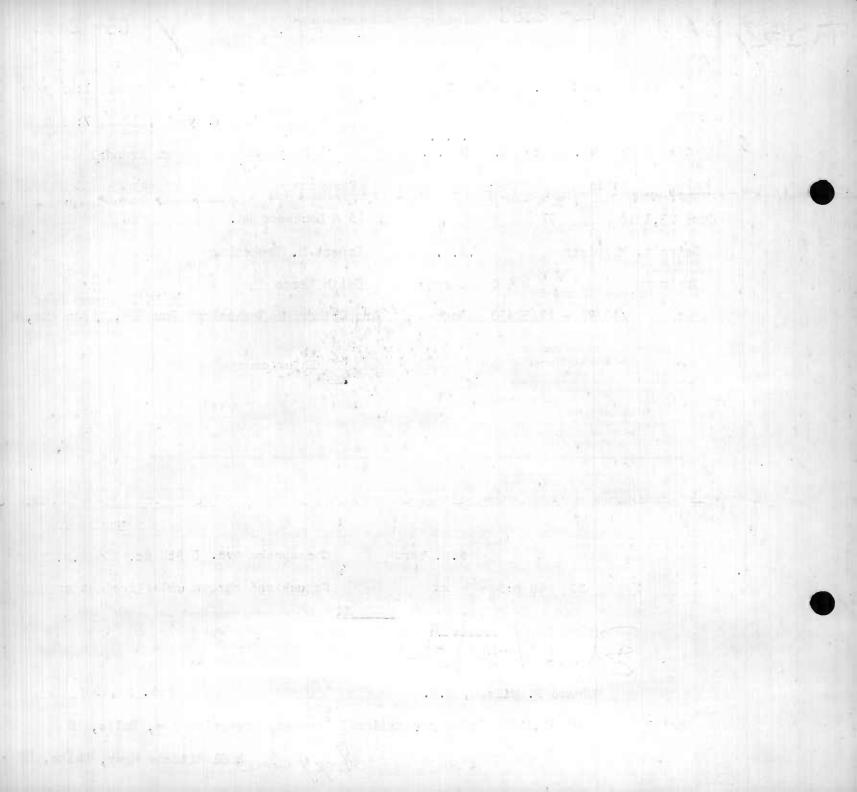
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68-	2292

BIRTH NO.	ME	DICAL EX	AMINER 5	CEKTIFI	CATE OF	DEAT	REG. NO			
1. NAME OF DECEA	ASED			2. DATE	Known 🔽	Month	Day	Year	Hour	
(Type or Print)	MARY ANN	HADWEV		OF DEATH	Estimoted	2	24	68	5:30	<b>5</b> M
4. PLACE IN BALTIA			UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	PI III.
FULL NAME OF HOSPITAL	(IF NOT IN HOSP	TAL OR INSTITUTIO	N, GIVE STREET	PRONO	UNCED DEAD	reb.	24.	1968	5:30	13 M
OR INSTITUTION	ADDRESS OR LOC	2411014			ESIDENCE (When		ed. If institution			
Cit	v Vocnital	D 0 4		A. STATE	Md		B. COUNTY	1	1 mm 1	NY
6. SEX 7	y Hospital	B. MARRIED	NEVER MARRIED	C. CITY OF	Md . TOWN		D. INSIDE C	CITY LIMITS?		10
Foma 1 o	White	WIDOWED	-q		Delto			YES 👿	NO 🗆	
P. DATE OF BIRTH	White 10.AGE	(In years If Un-	der 1 Yr. If Under 24 Hrs.	E. STREET	Balto.		0.0	irs CA	.40	-
Sept. 23	3. 131 lost birtho	3 Month	ns, Doys Hours Min.	12	9 S. Co	nklin	ast.			
11. BIRTHPLACE (State		12. C	ITIZEN OF	13. FATHER			,			
Virgin	nia		HAT COUNTRY?	Ps	ul Span	gler				
14A.USUAL OCCUPA	TION (Give kind of wor	k 148. KIND OF B	USINESS OR INDUSTR							
Seams tre		" Pad	Co.	Ma	mie		~	an m		
16. WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFOR				ADDRESS		
(Yes, no or unknown) (If	yes, give wor or dote	s of service)	231 36 81	37 Mr.	Wm. G.	Harve	y 129	S. Co	nklir	St
19.	V .		CAUSE OF DEA				,/ 32.00	AP	PROXIMATE IN	
DISEASE	I OR CONDITION DIR	ECTIV						DETA	EEIN ONSET AF	DEATH
	ADING TO DEATH	TECTET .	/ AND	CALISE DA	monary en	ah a 1 d am				
	meon the mode of sthenio, etc. It meons t		DUE TO, OR	AS A CONSEC	UENCE OF:	morran				
injury or compl	icotion which coused o	le oth.)								
ANT	ECEDENT CAUSES		(n)							
DISEASES OR	CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
_ UNDERLYING	BOVE CAUSE (A) ST	TATING THE	(0)							
8	**		(c)							
OTHER SIGNIF	II ICANT CONDITIONS			154						
DISEASE OR CO	H BUT NOT RELATED T ONDITION GIVEN IN									
OTHER SIGNIF OTHER SIGNIF	PERATION 208. CO	ONDITION FOR V	WHICH OPERATION W	AS PERFOR!	1ED		10 11	21. AUTO	PSY? (Yes o	r No)
ō									VEC	
	AL CAUSE WAS	22B. P	LACE OF INJURY(e.g.	, in or obout	22C. WHERE DID	(If in Boltimo	re City, give e	xoct locotion)	YES	
UNDERLYING CAUS		nom e,	form, foctory, street, offi	ce blag., etc.)	NJURY OCCUR?					
≥ 22D. TIME (M		eor) (Hour) 22	E.INJURY OCCURRED		22F. HOW DID IN	IJURY OCC	JR?			
OF INJURY (APPROX.)		m. W		WORK						
23.										
I certify	y that I held on	Inquiry	Inspection A	utopsy 🖎	ond that on	this bosis,	deoth in m	y opinion		
resulte	from: Notural co	oused X A	rident Suici	de H	omicide 🗌	Undetermi	ned monner			
					CHIEF MEDICAL	EXAMINER			DATE SIGN	IED
ACTUAL	ETUVA	400	S MI	n ASS	STANT MEDICAL	EXAMINER			DATE SIGN	ieb
EXAMINER				ASS	CIATE MEDICAL	EXAMINER				
NAME (Typ		Edward F.	Wilson, M.	D.			Feb	25, 1	968	
24A. BURIAL CREMA REMOVAL (Specify)		240	. NAME of CEMETERY	or CREMAT	DRY 24D	LOCATION	(City, to	wn, or county	) (Stat	e)
Burial		8/68	Baltimore	Natio	ทลไ	Baltin	ore	Md.		
25A. DATE REC'D BY			OF REGISTRAR		FUNERAL DIRECT	OR	ore,	ADDRESS		
	9 9 1068	00 8-9	Fallen MA	JO	HN F. D	ENNY,	INC.	715 L:	ight S	St.

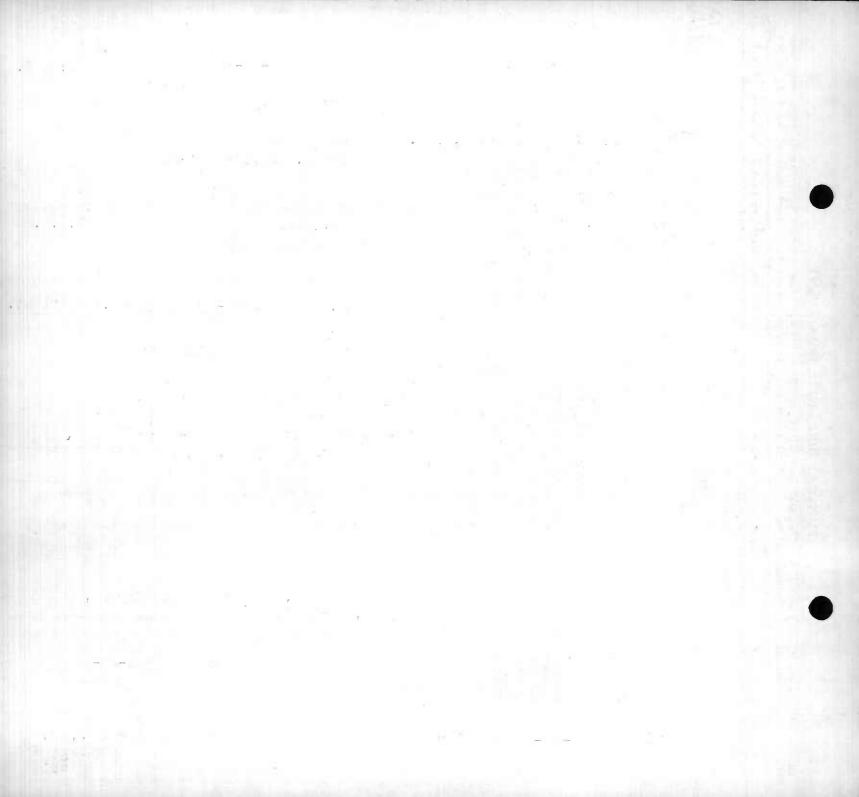
Committee of the State of LES GLEROS L. PRELLO 

VS 151-REV. 1/1/68

	MEDICAL EXAMINER'S			DEAT	H REG. NO.	65.	~ 22	93
_	ITH NO. NAME OF DECEASED	Ho DATE	W 307	44 1			Tu.	
	pe or Print)	2. DATE OF	Known X	Month	Day	Year	Hour	
4	ERNEST D. TEWKESBURY PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Estimoted L	2	23	68	7:05 Hour	р м.
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	11	NCED DEAD	Month	Doy	Yeor	noor	
HO	SPITAL ADDRESS OR LOCATION) INSTITUTION			Febru		1968		р м.
OK	D.O.A.	A. STATE	SIDENCE (Where	dece osed I	ived. If institution B. COUNTY	: residence b	efore odmiss	ion)
	Chesapeake Ave. & 9th St. B&D R.R.		Marylar	nd		Arunde	el (56	2.0
6.	SEX 7. RACE 8. MARRIED TO NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
M	ale White WIDOWED DIVORCED	Pasa	dena		YI	ES 🗌	NO X	
9. [	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		ND NUMBER					
Tar	ine 23.1910   Months, Doys, Hours, Min.	15 A	Lockwood	Dd				
	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S		NG.				
	WHAT COUNTRY?							
144	Detroit, Michigan  U.S.A.  USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NA	kesbur	у			
	eduring most of working life, even if retired)			,,,,				
14	Trainman B & O Railread		Mesce			DDDECC		
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORM	ANI		AI	Lock	wood Re	bad
	Yes   6/23/26 - 12/30/30   None		therine T	ewkesb	ury Bex	509. 1	Pasaade	nam
	19. CAUSE OF DEA	ATH					PROXIMATE INT	
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH	CAUSE	Injuries					
		AS A CONSEQU		A				
CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  H  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQ	UENCE OF:					
TIFIC	DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC DEDECTION				IST AUTO	PSY? (Yes or	s No
CER	20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMI	EU			21. AUTO	P317 (163 0)	140)
7	22A. EXTERNAL CAUSE WAS 228 PLACE OF INJURY(e.g.		C WHERE DID	fit i Date	Cit	MES	-	
MEDICA	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRED	ce bldg., etc.) IN	Chesapeak	e Ave.	& 9th		-	YAF
	OF INJURY WHILE AT WO	T WHILE -					-1-4	
	(APPROX.) 2 23 68 6:50 WORK ksk AT V	WORK L	Struck an	d LIII	wn under	rirei	gnt ca.	ľ
		utopsy XX	and that on t	his basis.	, death In my	apinian		
	refer to the second sec	L1			ined manner [			
	Accident s		HIEF MEDICAL I			_		
	ACTUAL TO A A TOUR		STANT MEDICAL I				DATE SIGN	1ED
	SIGNATURE M.C	J.						
	EXAMINER'S	ASSO	CIATE MEDICAL E	EXAMINER	U Dal	2/. 1	969	
24	NAME (Type) Edward F. Wilson, M.D.  A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMATO	PV   24D	LOCATION		. 24,1		(0)
	MOVAL (Specify)							~ )
	Burial Feb 27,1968 Baltimore Na						, Md	127
25.	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, F	UNERAL DIRECT	OR	A	DDRESS		
	FEB 2 8 1968 A A A A T A	Yh	- 0 M	4001	Ritchie	Hgwy	Balte	o. M



VS 150-REV. 1/1/68



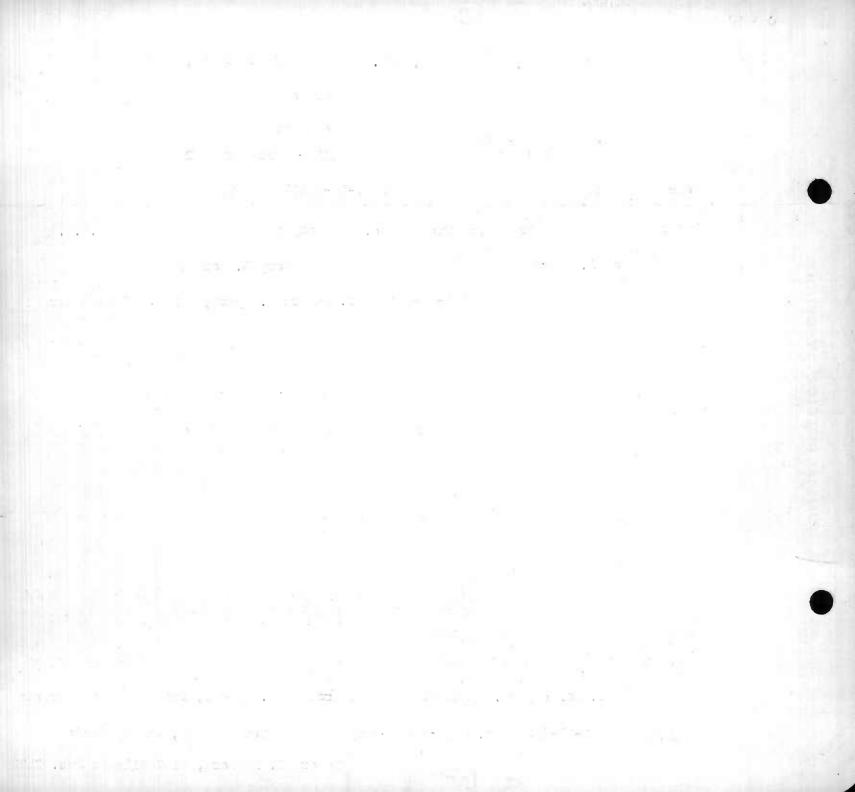
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TT Martin march Dates and MARKE HALL EDWARD OF SHEAR THAN THE STOLE IN THE ACUTE MYOCHEN ALLWARMS

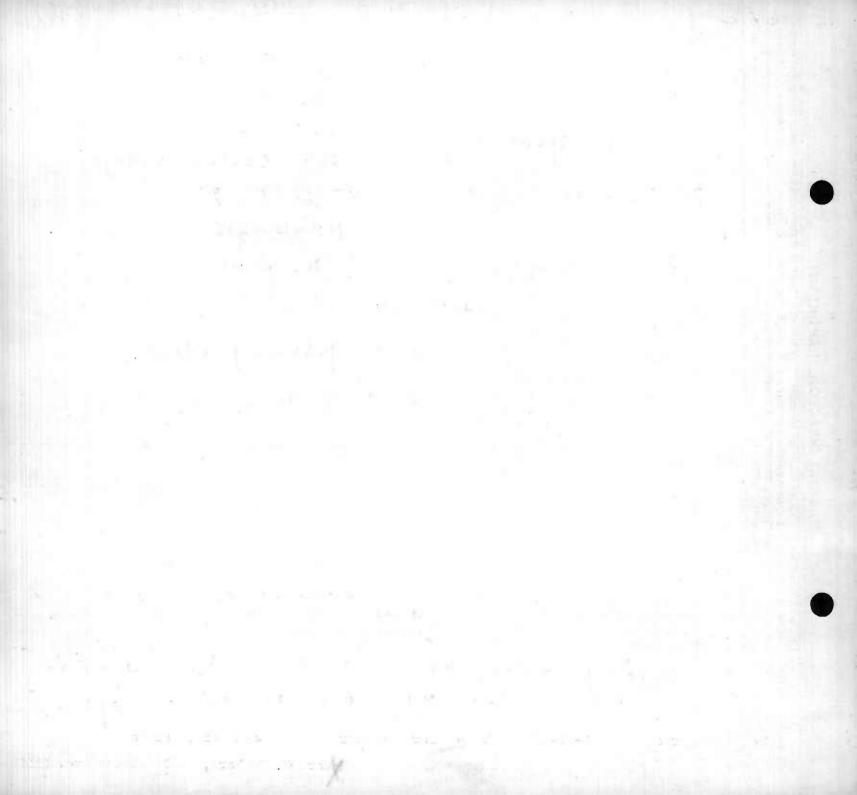
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V\$ 150-REV. 1/1/68



VS 150-REV. 1/1/68



68- 2298 BALTIMORE CITY HEALTH DEPARTMENT

68- 2298

MEDICAL EXAMINER'S CERTIFICATE (	<b>)</b>	DEATH.
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED B.	2. DATE Known K Month Day Yeor Haur
CHARLES STEINACKER	OF DEATH Estimoted 2 23 68 9.44 am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	February 23, 1968 9:44 a M.
	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY
South Balto, General Hospital	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male   White   WIDOWED   DIVORCED   9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	Balto. YES NO L
lost birthday) Months   Doys   Hours   Min.	E. STREET AND NOMBER
6-27-1900 67	2828 Waterview Ave. 25-4d
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF	13. FATHER'S NAME
Maryland What COUNTRY?	John F. Steinacker
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	
Iron Worker	Mary Dimlint
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service)	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 145-10-2669	Mr. Jerome Savaliski, 2335 Annapolis Rd.
19., / CAUSE OF DEA	TH APPROXIMATE INTERVAL
7/207	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE C	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (II in Boltimore City, give exoct location)
Y INDEPLYING TOP CONTRIB	e bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	100
LOF INTURY	22F. HOW DID INJURY OCCUR?
(APPROY) WHILE AI [ NOI	WHILE O
23.	Troud
I certify that I held on Inquiry I Inspection Au	topsy and that on this basis, death in my opinion
<b>1</b>	
resulted from: Natural causes to Accident Suicid	
AV ALAMA	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE M.D	ASSISTANT MEDICAL EVAMINED IX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	February 23, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
Burial 2-27-1968 Glen Haven Co	emetery GlenBurnie, Maryland
DATE DECID BY HEALTH DEDT	25C. FUNERAL DIRECTOR ADDRESS
EEB 2 8 1968 Tolob E. tolowing	Howard H. Hubbard, 4107 Wilkens Ave. 2122
1000 (1000 display	noward it. ilubbard, 4107 withers Ave. 2122
VS 151-REV. 1/1/68	

A A SERVER AND A John Z. Hannbrock and altigrad in the set zent prediction in the set of the set in Also at the said The shell Managara II. Achter II. Achter J. 19207 Million II.

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceosed lived. If institution: residence STATE B, COUNTY Co. GECIL (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Days Hours 2. CITIZEN OF WHAT COUNTRY? USA ADDRESS Barbara E. Weslev Elkton INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) ond that in (my) (aur) opinian death accurred on the date 238. DATE SIGNED Wilmington, Delaware 2700 Wash.

Probable A positive defaut or Prim is a Sucu ASCUD

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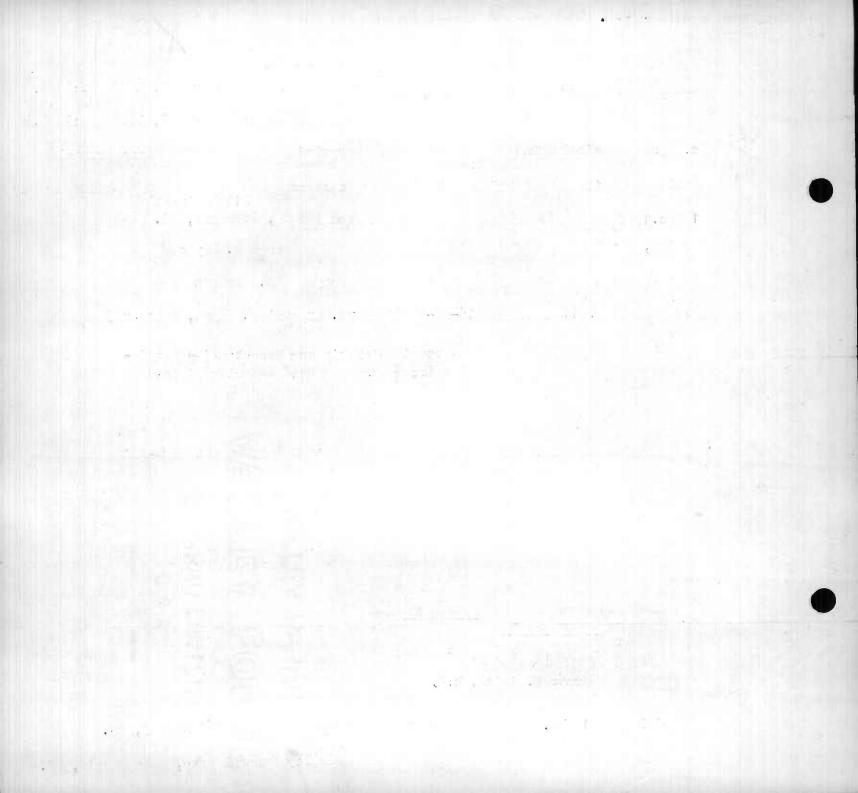
2 20/00 Compare @ Foot PICHARD D. SCOTT THE SOHIS HOPKING HOSP BALT IN

H-200

68- 2300 BALTIMORE CITY HEALTH DEPARTMENT

30-	COUU	BALTIMORE CITY H	HEALTH DEPARTMENT			V68-	2200
MED	ICAL E	XAMINER'S	CERTIFICATE	OF	DEATH	00	C000

BI	RTH NO.		MILL	ICAL	. LA	AMII ALK S	, (	LKIII	CAIL		DLAI	REG. N	10	
-		EASED						2. DATE	Known	XX	Month	Doy	Yeor	Hour
(Ty	NAME OF DEC	SLIE	A.		HAY	ES SR		OF DEATH	Estimo	ted 🗌	Februa	ary 27	. 1968	8:10 A.M
4.	PLACE IN BALL	IMORE, MA	ARYLAND, W	VHERE PI				3. DATE			Month	Dov	Yeo	
	LL NAME OF	(IF NO	T IN HOSPITA	AL OR INS		, GIVE STREET		PRONC	UNCED D	EAD	TI . 1	07	1000	0.10.4
	SPITAL	ADDRI	ESS OR LOCA	(NOIT			Н	5 HELLAL	PESIDENICS	()A/L-a-			, 1968	8:10 A.M
1								A. STATE		(when	e deceased it.	B. COUNT		e perore oamission)
	St. Agnes		ital (D					Mary	alnd					Arundel 5
6.	SEX	7. RACE		8. MARE	RIED 🖾 I	VEVER MARRIED		C. CITY O	RTOWN			D. INSIDI	CITY LIMITS	5?
	male	whit	-6	WIDOV	WED 🗌	DIVORCED		Pas	adena				YES 🗌	NOXX
9.	DATE OF BIRTH		10. AGE (II	nyeors	If Under	1 Yr. If Under 24 I	Hrs.	E. STREET		ABER	212th	Stree	t.	AH
1	1 5 40		lost birthdo		Months	Doys Hours A	vin.	D	100					
11.	BIRTHPLACE (S	tote or lorein	an country)		12. CITI	ZEN OF	-	13. FATHER	102	3 -	Pasader	IN FU	•	
					1	AT COUNTRY?					O 11.			
	Parkton,			14R VINIT	OF PUI	INESS OR INDU	CTDV	/ 15 MOTH			e G. Ha	ayes		
do	ne during most of w	orking life, ex	ven if retired)	140 KIIAL	J OF BUS	SHAE22 OK HADO.	31KI	I I S. MOTH	EK 3 MAID	EIA IAN	ME			
L.	Cabinet								ry	E.	HcCar	nn		
16. (Ye	was DECEASI	O EVER IN	U.S. ARMED	of service	5?  17 e)	SOCIAL SECURITY NO.		18. INFOR	MANT				ADDRESS	
ľ	Yes		W11		21	6-05-9306		lirs.	Ihrgal	ret	K. Have	es. sa	ne as	5
	19. 41	10.				CAUSE OF I	DEA						RE	APPROXIMATE INTERVAL
Н	DISEASI	OR CONIC	DITION DIRE	CTIV							19			THE CHARLES AND DESIGN
		EADING TO		CILI		Arterio	SC	leroti	c and	Нуре	ertensi	ive Ca	rdio-	
	(This does no	ot meon the	mode of dy			(A)IMMEDIA	KSC	AUSE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SUKINICE XOF	va	scular	Disea	se	
			c. It meons the ich coused dec											
ш		TECEDENT				(B)	0.0	AS A CONS						
ı.	RISE TO THE	ABOVE CA	USE (A) STA	I, GIVING TING THE		DUE 10,	OK.	AS A CONS	QUENCE	DF:				
z	UNDERLYIN	IG CONDIT	ION LÁST.			(c)								
CERTIFICATION	1/4/25	1	II							-				
I	OTHER STON	FICANT CO	NDITIONS C	ONTRIBU	TING									
民	DISEASE OR		T RELATED TO											*****
F	20A. DATE OF	OPERATIO	N 20B. CO	NOITION	FOR WI	ICH OPERATION	1 W	AS PERFOR	MED				21. AU	TOPSY? (Yes or No)
Ö	15												7	No
4	22A. EXTERI	NAL CAUSE	WAS		22B. PL A	CE OF INJURY	e.g.,	in or obout	22C. WHE	RE DID	(If in Boltimo	re Cltv. give		
18	UNDERLYING	OR CON	TRIB-		home, fo	rm, foctory, street,	office	e bldg., etc.)	INJURY O	CCUR?				,
AED!	UTING CA			.\ (II	1225	INJURY OCCURR	ED		22E HOW	DID IA	JURY OCC	lino		
-	OF INJURY	monin) (i	Doy) (Yeo	r) (Hou	'			WHILE	ZZI . HOVV	יוו טוט	DOKT OCC	OKI		
	(APPROX.)				m. WOF	ik ^' 🔲		ORK						
	23.				٦.	. ক্র								
		ify that I h		nquiry [		spection X	-Au	tapsy 🔲	ond th	ot on t	his basis,	deoth in	my opinian	
	result	ed from: 1	Natural cou	ses X	Acci	dent Su	icid	le 📙 📙	lamicIde (		Undetermi		er	
		1				) _	-		CHIEF ME	DICAL	EXAMINER			DATE SIGNED
	ACTUAL	no h //	60.0	^ _	7 %	7	44 D	ASS	ISTANT ME	DICAL	EXAMINER	K		DATE SIGNED
	SIGNATU		Trus	II do	The same		M.D		OCIATE ME	DICAL	EXAMINED			2/27/68
Ŀ	NAME (T		Verner	0. 20	offer,	TAP D.		MJJ	OCIAIL ME	DICAL	CVWWIIIAEK			
24	A. BURIAL CREA	AATION,	24B. DATE		24C.	NAME of CEMETI	ERY	or CREMAT	ORY	24D.	LOCATION	(City,	town, or cour	ity) (Stote)
RE	MOVAL (Specif		4 35	10		0 1 2743					75 77 1			
-	Burial		1 Mar.	Toon A	10110 -	Cedar Hil				Dines	Balt	Jimore	25, 14 ADDRESS	1.
25	A. DATE REC'D		DEPT.	25B. N	NAME OI	REGISTRAR			FUNERAL					
		B 281	1900 (	Wer	DE.	Talkey MA		T.	irkles	r Fui	neral I	lome.	Hen B	rnie, Md.
1	151-REV. 1/1/68			1			-							
A.2														



VS 150-REV. 1/1/6B

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) opinion death accurred on the date 23B. DATE SIGNED Feb 25,1968 (City, town, or county)

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

AMERICAN

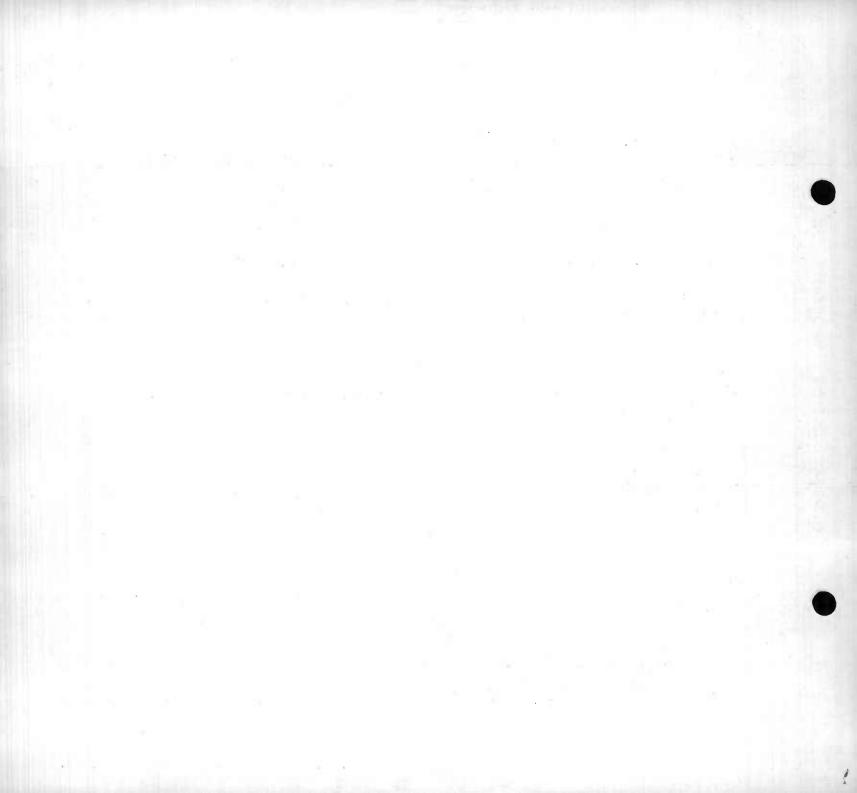
Doys

Il Under 24 Hrs.

E - Charles Are 200 Dec 12 T.E. TT 31-70-40 CHA LYDAN 29.0 - 1-11 MAIN FRANK IN THE process at the processes. A manufactured and a second and the second and the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	IK	-1(7
s certificate must be approved by the chief medical examiner or his assist body was released to the hospital by a medical examiner. Also, if the twes: (1) An accident of any nature; (2) Body burns; (3) A fracture of any by B.D.O.A. at a hospital (except where the physician who pronounced escased prior to death); and (6) No physician was in regular attendances approved must be obtained the remains are embalmed or filter.	TANT	he direct or contributing cause of death cind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the ce on the deceased prior to death. Such
s certificate must be approved by the chief medical examiner body was released to the hospital by a medical examiner ws: (1) An accident of any nature; (2) Body burns; (3) A fract s D.O.A. at a hospital (except where the physician who prices as D.O.A. at a hospital (except where the physician who prices as D.O.A. at a hospital except where the physician who prices approved must be obtained before the remains are embassian.	IMPORT	Also, if thure of any konounced continued cont
2 × 0 0 +	FUNERAL DIRECTOR:	certificate must be approved by the chief medical examiner. sody was released to the hospital by a medical examiner. rs. (1) An accident of any nature; (2) Body burns; (3) A fractur D.O.A. at a hospital (except where the physician who provased prior to death); and (6) Mo physician was in regular and another the remains are embal

	68	- 230	BALTIMORE CITY	HEALIH DEPAKIMENT		00 0000
BIRTH NO.	00	200	CERTIFICA	TE OF DEATH	REG. NO	68- 2302
1, NAME OF DECE (Type or Print)  3. PLACE IN BALTI	ALVIN E	E. R	DE INSON	4. USUAL RESIDENCE (Wh	ND HOUR OF DEATH  2/26/68  ere deceased lived, If ins	10 50 A.M. titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	TION)		A. STATE B. COUL	Bulls	DE CITY LIMITS?
8 Mary l	and Ger	n. 14	osp.	E. STREET AND NUMBER	Box 36	7 NO 17
67	. RACE	WIDOWED		6 5 9 4	9. AGE (In years lost birthdoy) 73	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
Retired	Painter	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	l	12. CITIZEN OF WHAT COUNTRY?
	Robinson	2	11/	14. MOTHER'S WAIDEN NA Mary R. Po	7	
	iver in U. S. Armed Force If yes, give wor or dote:		16. SOCIAL SECURITY NO. Z19-18-0800 CAUSE OF DEATI	Mr. Donald E.	Robinson Pi	kesville, Md
heort foilure, o injury or comp  A  DISEASES OF rise to the	I meon the mode of sthemio, etc. It meons ticolion which coused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION lost.	the disease, death.)		SE Kapinal A CONSEQUENCO OF: WON. Ohat. A CONSEQUENCE OF:	lung. D	\$.
TO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO TH NOTITION GIVEN IN PART OPERATION 19B. CONI WAS PERF	TE TERMINAL	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
_ OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, of	or about 21C. WHERE DID	(11 in Boltimore	City, give exact location)
_	Month) (Day) (Year)		INJURY OCCURRED  ile At Not While rk At Work		JURY OCCUR?	f C. (
that (I) (we)	hat (1) (this haspital	d alive an	2/26/6	819and t	19 ta Z hat in(my) (aur) opin	126/68 19
23A. SIGNATUR	ph D. R.	ed abave. (1	nd, MD. Atte	nding Med. Director	Stoff Phys.	23B. DATE SIGNED 2/2-6/68
24A. BURIAL CREM REMOVAL (Sp	ATION 124B. DATE	REY 24C. NA	MOND  DEGREE  AME OF CEMETERY OF CRE  TOURS (hapel (	Mary le	und Gen uccation (Circutherville, )	(, town, or county) (State)
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	of registrar	25C. FUNERAL DIRECTO J. F. Eline		A DODGES
VS 150 DEV 1/1/65	)					



BALTIMORE CITY HEALTH DEPARTMENT

709 Helen Helen N Blag E 3 40 1 3 CELMAN) Alecondario -ATTENT 178.77 SOTTHER EISERING SEPTIC SHOK Englished of Kenture the transport of the time of 20 29/ B/L 32/52/E 13/30/4 Robert W. Servey 1 Strate and the second who are it

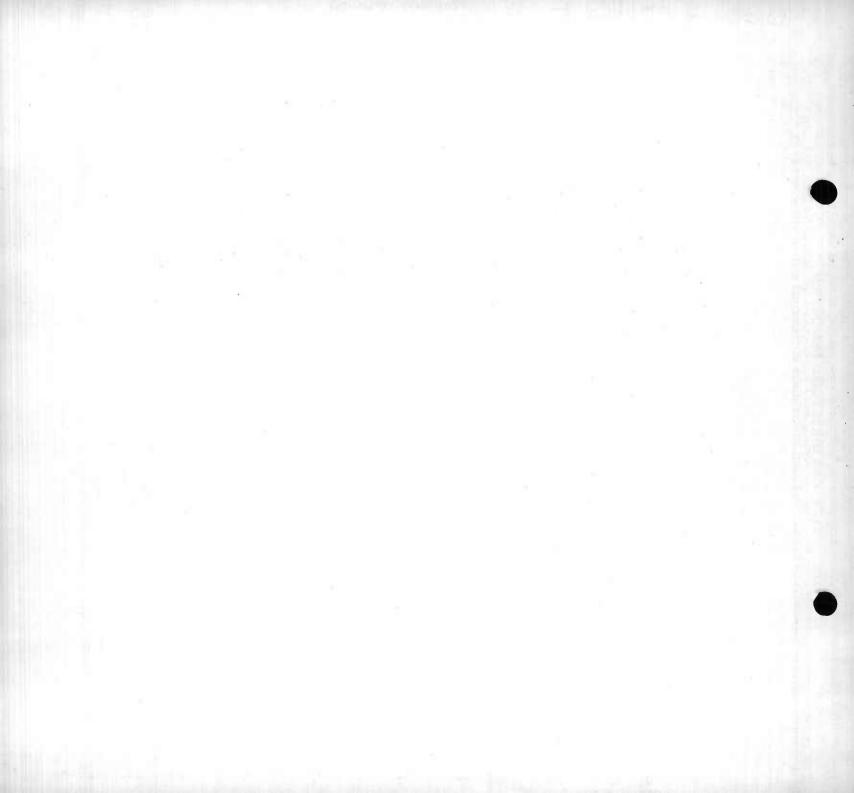
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BALTIMORE CITY HEALTH DEPARTMENT

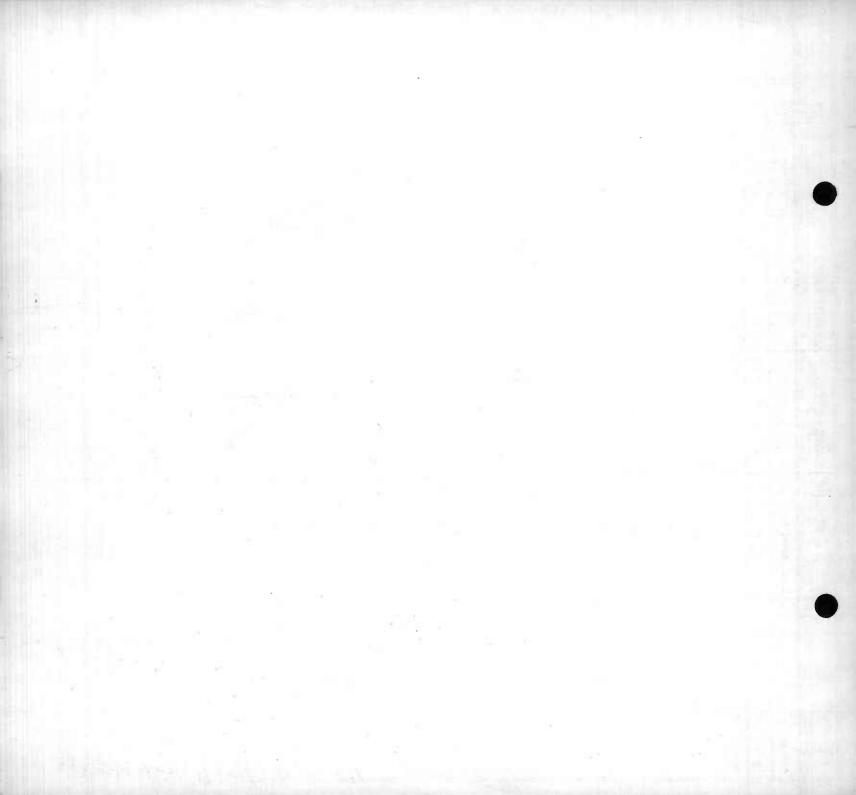
REG. NO.

68-	2304

	00 20	CERTIFICA	TE OF DEATH	REG. NO	
	TH NO.  AME OF DECEASED		2, DATE AN	D HOUR OF DEATH	
	e or Print) Q M	padisky	Fish	24,1968	11:30 AM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. Il ins	litution: residence before admission)
II H	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARY LAND		DE CITY LIMITS?
0	821 N. Colling Ton	AVE (HOME)	E. STREET AND NUMBER 821 N. Col.		YES NO NO
5. 9	EX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II Under 24 Hrs.
1	MALE WhiTE WIDOW	WED DIVORCED	Nov. 5, 1881	9. AGE (In years lost birthdoy) 86	Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 108, KIN a during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13.	HOU SEWIFE		CZEChOS/O	VAKIA.	V. 3. A.
	JAMES VACA		Josephine	HRAds	KV
15. (Ye	Was Deceased Ever in U. S. Armed Forces? i,no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	220-44-9229	MARY HEAD	dsky 82.	1 Colling Ton Arx
	18.535-XI	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1/2	" a dist	not t
	(This does not mean the mode of dying, heart foilure, osthenio, etc. It means the disc		A CONSEQUENCE OF:	No of Willy	(M. <u>A)</u>
	injury or complication which caused death.)	t Ou	Menit	1:00 - 7	
	ANTECEDENT CAUSES	ving (B)	A CONSCOURNCE OF	fez aux	<u>v</u>
	DISEASES OR CONDITIONS, if ony, girise to the above couse (A) stoling UNDERLYING CONDITION lost.	A /	carters	Custfe	6-9
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).		٩		
ERTIFIC/		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yearl (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
<	(APPROX.)	While At Not While Work			
	22. I certify that (I) (this haspital) ottend that (I) (we) last saw the deceased alive	.7.1 011	100	19 G taat in(my) (aur) apin	ian death accurred an the date
	and hour and fram the causes stated above	e. (I) (We) (did) (dId nat) v	view the bady after death.		
	23A. SIGNATURE	A	ending Med.	The Nation	23B. DATE SIGNED
	23C. PHYSICIAN'S	Chan DEGREE Phy		Staff Phys.	2-21-68
	NAME (Spel)	1	C. W. D. 16	3 Kg 5	7
24/	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City	y, town, or countyl (State)
	BURIAL (Specily) FEB 28,68.	Holy REDERMEN		BALTIMORK	Maryland.
25/	L. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	Philip L. C	was ADDRESS

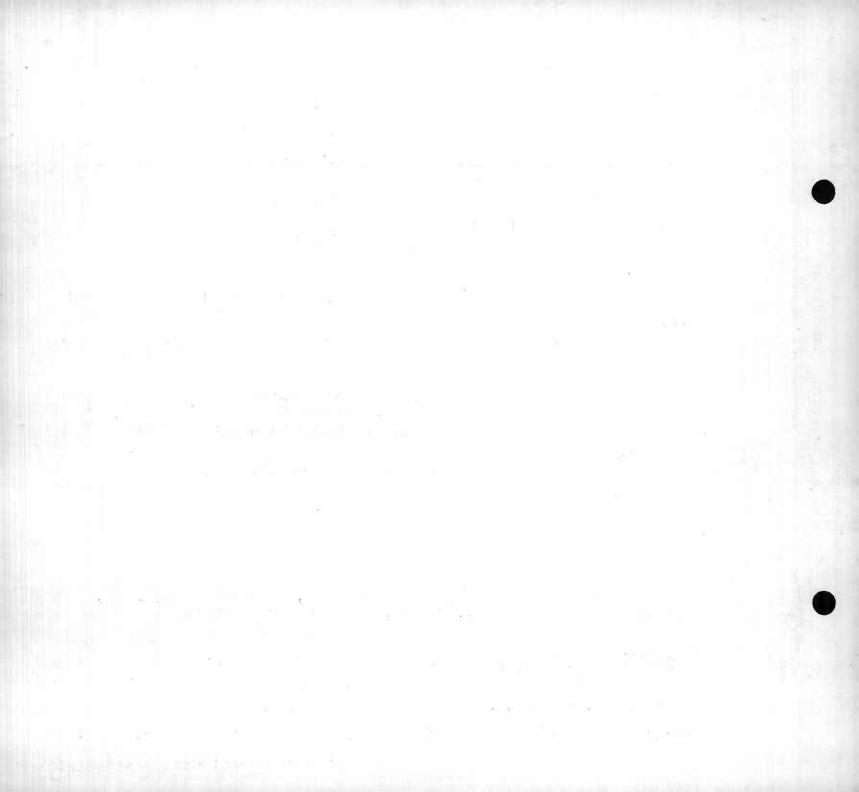


RETH NOT BOTH TO CERTIFICATE OF DEATH  MARKET OF CERTIFICATE OF			00	990	BALTIMORE CITY	HEALTH DEPARTMENT		00 2000
AND STATE OF THE PROPERTY OF T	BIR	TH NO. 67	- 3/1/08 00	- 201	CERTIFICA	TE OF DEATH	Registered No	
TYPE OF PART OF PARTY ARYA NAMED NAME OF PARTY ARYA NAMED NAME OF PARTY OF			FASED				D HOUR OF DEATH	
THE NAME OF MODIFIA OR SHEET RESIDENCE INTERPRETATION OF THE NAME OF MODIFIA OR SHEET RESIDENCE INTERPRETATION OF THE STATE OF THE STAT				DAR	YL MAR	cus 2-	25-68	1 Z:58 A M.
HOSPITAL OR SERVER SOLD STREET ADDRESS SHOWLY WITH SURVEY STREET ADDRESS SHOWLY STREET A	3.	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	•			itution: residence before odmission)
SHE CHILDRENS HOSPITAL INC.  D. STREET ADDRESS II MINE OPERATION OF THE ADDRESS IN MINE OF BLOCKED 192-01/19 IN JUNE OF BLOCKED 192-		HOSPITAL OR	F (If not in hospital oddress or location	or institution, g	give street	C. CITY OR TOWN (If out	side city limits, write RL	JRAL and give Jownship)
2 21 A 15 Q WITH STREET  2 21 A 15 Q WITH STREET  3. SER	74	di .	HILDDRUIS	Heen.	The state of the s			7-00
13. SALE DECEMBERS OF CONDITION DIRECTLY  LEADING TO DEATH  This does not make the property of	1		-1117-07-07	11031-1	IMT INC.			
MODER DE LE MODER DE LE LE DE LE						2211 A15Q	WITH STR	CCT
TO USUAL OCCUPATION (Give land of work) DE EIND OF BUSINESS OR INDUSTRY 11. BIRTHACK (SUBLE of long) country)  NOTE:  NOTE:  NOTICE SMADLEN AND THE PROPERTY OF STREET	5. 5	EX	6. RACE				P. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
13. BERNHACE (Since or foreign country)  WORK MANAGE OF BUSINESS OR INDUSTRY  13. PATHERS NAME  DAVID  THE DWARDS  14. MOTHERS MANDEN NAME  15. WERD DECEASE OF CONDITION DIRECTLY LEADING TO DEATH  THIS days not mean the mode of dying, so, head foreign injury or complication which caused death.]  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This days not mean the mode of dying, so, head foreign injury or complication which caused death.]  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This days not mean the mode of dying, so, head folious which caused death.]  DISEASE OR CONDITION SECOND THE DIVERSE OF DEATH  TO THE SUBMICANT CONDITIONS CONTRIBUTING  DISEASE OR CONDITIONS, if any, giving is so the observation of the mode of dying, so, head folious which caused death.]  DISEASE OR CONDITIONS, if any, giving is so the observation of the mode of dying, so, head folious course (A) stoling the UNDERLING CONDITIONS CONTRIBUTING DUE TO  THE DEATH BUT NOT RELATED TO THE DISEASE ON CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COURSE OF DEATH?  NOT THE MODE OF THE MUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING ON STREET OR THE MUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING ON STREET OR THE MUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING ON STREET OR THE MUT NOT RELATED TO THE DISEASE OR CONDITION CAUSES OF DEATH?  NOT THE MODE OF THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING OR THE MUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING OR THE MUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING OR THE MUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING OR THE MUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTED TO THE DISEASE OR CONDITIONS CONTRIBUTED TO THE DISEASE OR CONDITIONS CONTRIBUTED TO THE DISEASE OR CONTRIBUTED TO THE DISEASE OR CONTRIBUTED TO THE DISE		M	N			12-24-67		21
13. FATHERS NAME    A. MOHERS MAIDEN NAME   LA MOHERS				108. KIND OF		11. BIRTHPLACE (State of foreign	gn country)	
S. FATHER'S NAME	don	_		N	one	MALVIAND		
15. Wes Decessed Ever in U. S. Armed Forest Services   S. SOCIAL SECURITY NO.   17. INFORMANT   2211 AIS QUITH   5TRECT.   211 AIS QUITH   5TRECT.   212 AIS QUITH   5TRECT.   212 AIS QUITH   5TRECT.   212 AIS QUITH   5TRECT.   213 AIS QUITH   5TRECT.   214 AIS QUITH   5TRECT.   215 AIS QUITH   5TRECT.   216 AIS	13.	FATHER'S NA	ME			7	A E	
Teshan or unknown  fit yes, give wer or dotes of service    SECURITY NO.   NOW   Z Z   I A SQUITH   STREET,		DAY	110 PRIC	EE	DWARDS	Zelma Pi	RILE	
CAUSE OF DEATH  OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., head follow, ashania, etc.)  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)  RES. DIRATERY ARREST  3. MINMATES  DIVE TO  PREM. MONIA E RES. PIRATORY MRREST  (B) EVERAL BONTS ASPIRATORY MRREST  (B) EVERAL BONTS ASPIRATION  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10 THE SIGNIFICANT CONDITION FOR WHICH OPERATION  OF CONTRIBUTION  OF CONTRIBUTING CAUSES OF DEATH?  WAS PERFORMED  OF CONTRIBUTING CAUSES OF DEATH?  WAS PERFORMED  OF CONTRIBUTING CAUSES OF DEATH?  While an investment of the course stored bones, form, lockery, street, office bldg., INJURY OCCUR?  OF CONTRIBUTING CAUSES OF DEATH?  While an investment of the course stored bones (II) (We) (Me) (Miss hospital) ottended the deceased from SI P. B. Ond that (n(my) (our) opinion deoth occurred on the dote ond hour and from the courses stored obove (II) (We) (Miss hospital)  221. Location to the course stored obove (II) (We) (Miss d) (Miss on Significant)  232. ADATE SECON BY HEALTH DEPT.  233. ADATE SECON BY HEALTH DEPT.  234. BURLAL CERMATION, 248. DATE  235. DATE STONED  246. BURLAL CERMATION, 248. DATE  247. BURLAL CERMATION, 248. DATE  248. BURLAL CERMATION, 248. DATE  248. BURLAL CERMATION, 248. DATE  249. BURLAL CERMATION, 248. DATE  240. BURLAL CERMATION, 248. DATE  241. BURLAL CERMATION, 248. DATE  242. DATE SECON BY HEALTH DEPT.  258. NAME (Type)  259. ADATE SECON BY HEALTH DEPT.  258. NAME (Type)  250. ADATE SECON BY HEALTH DEPT.  258. NAME OF REGISTRAR  250. FUNCTIONAL DIRECTION  250. ADATE SECON BY HEALTH DEPT.  251. DATE SECON BY HEALTH DEPT.  252. ADATE SECON BY HEALTH DEPT.  253. ADATE SECON BY HEALTH DEPT.  254. DATE SECON						17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)  RESPIRATORY ARREST  RESPIRATORY HEREST  RESPIRATORY HEREST  (B)  DUE TO  NOTHER SIGNIFICANT CONDITIONS, if any, giving rise in the above cause (A) stating the UNDERLYING CONDITION lost.  DISEASES OR CONDITIONS, or any, giving rise in the above cause (A) stating the UNDERLYING CONDITION lost.  TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE GENERALIZED SEIZURE DISOADER.  DISEASE OR CONDITIONS CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE GENERALIZED SEIZURE DISOADER.  DISEASE OR CONDITION CAUSING IT.  TO THE PROPERTY OF OPERATION  WAS PERFORMED TO THE GENERALIZED SEIZURE DISOADER.  DISEASE OR CONDITIONS CONTRIBUTING TO THE GENERALIZED SEIZURE DISOADER.  DISEASE OR CONDITION CAUSING IT.  DISOADERS OR CONDITIONS CONTRIBUTING TO THE GENERALIZED SEIZURE DISOADER.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISOADERS OR CONDITION CAUSING IT.  DISOADERS OR CONDITIONS CONTRIBUTING TO THE GENERALIZED SEIZURE DISOADER.  DISOADERS OR CONDITIONS CONTRIBUTING TO THE GENERALIZED SEIZURE DISOADER.  DISOADERS OR CONTRIBUTING CAUSE OF DEATHY  DISOADERS OR CONDITIONS CONTRIBUTING TO THE GENERALIZED SEIZURE DISOADER.  DISOADERS OR CONDITIONS CONTRIBUTING TO THE GENERALIZED SEIZURE DISOADER.  DISOADERS OR CONTRIBUTING CONTRIBUTING TO THE GENERALIZED SEIZURE DISOADER.  DISOADERS OR CONTRIBUTING CONTRIBUTION TO THE GENERALIZED SEIZURE DISOADERS OR CONTRIBUTION TO THE GENERAL THE GENE	(Ye	s, no or unknown	(If yes, give wor or dote	s of service)		->11 Ax	O. ITH	STIDEST
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injury or complication which caused death.)  ANTECEDENT CAUSES  (B) SEVERAL BONTS ASSIRATION ZONGEST TO THE CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Isl.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T					DOE 10			
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27 A. ACCIDENT WAS UNDERLYING   20 pt   218. PLACE OF INJURY (e.g., in or obout 21 c. WHERE DID   (If in Boltimore City, give exact location)   220. DEATH (notify medical examiner)   210. TIME   (Month) (Day) (Year)   (Hour)   218. INJURY OCCUR?   (Hour)   219. TIME   (Month) (Day) (Year)   (Hour)   218. INJURY OCCURRED   219. How did in   219. How din		2/4 6 11						
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27 A. ACCIDENT WAS UNDERLYING   20 pt   218. PLACE OF INJURY (e.g., in or obout 21 c. WHERE DID   (If in Boltimore City, give exact location)   220. DEATH (notify medical examiner)   210. TIME   (Month) (Day) (Year)   (Hour)   218. INJURY OCCUR?   (Hour)   219. TIME   (Month) (Day) (Year)   (Hour)   218. INJURY OCCURRED   219. How did in   219. How din	FICA	19A. DATE OF	OPERATION 198, CON	DITION FOR V	WHICH OPERATION		20B. IF YES, WERE FI	NDINGS CONSIDERED
DEATH (notify medical examiner)  21D. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While AI Not While Work  AI Work  222. I certify that (I) (This hospital) attended the deceased from 19 65 to 25 19 65 to 19 65	ERT		7				NO.	
While AI Not While AI Work  22. I certify that (I) (this hospital) attended the deceased from 19 68 to 2 7 19 68 that (I) (we) last saw the deceased alive on 2 19 68 and that (n(my)) (our) apinion death occurred on the date and hour and from the causes stated above (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS NAME (Type)  23D. ADDRESS NAME (Specify)  24C. NAME of CEMETERY of CREMATORY  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTO	SAL C	OK COLLINIE	TING CAUSE OF	nom	e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
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23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  24A. DATE REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR 25C. FUNE		ond hour one	from the couses sto	ed obove (1	)(We) (did) (did not) v	iew the body ofter deoth.		
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23D. ADDRESS NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, Iown, of county)  (Stole)  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  25C.		Ja	mes I be	Killy	M.D. Atte	ending Med.  Director	Stoff Phy s.	2-25-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) (Stole)  REMOVAL (Specify) 2/26/18 Wt. Auburn 31/25 Address  EEB 2 8 1968 Plate 2, Failure Wall W- Inc. 2 Harfurd Cur		23C. PHYSICIA	N'S	0				
REMOVAL (Specify)  2/26/18  Mt. Aubum  25A, DATE REC'D BY HEALTH DEPT.  25B, NAME OF REGISTRAR  EEB 2 8 1968  Pole & Farber Malel W- Jan. J. Harfund Care  17 25 Address  Walel W- Jan. J. Harfund Care  18 2 1968		TANKE (	,,,,		M.D.			
Brush 2/26 18 Mt. Auburn Bs to Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 17.25 ADDRESS  EEB 2 8 1968 Police & Failer Mahel W- Jan. J. Harfund Car	24/			24C. NA	AME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, lown, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR HOLD ADDRESS FEB 2 8 1968 PLEED E. Forberth	D	REMOVAL	Specify) 2/2/	1 41	+ Aulan	/ RI	11 /	
EEB 2 8 1968 Place E. Farber Makel W- Inc. of Harford Care	D	DATE	BY HEALTH CENT	O IV	1 - HUBUM	lass sunsan plansan	7/00	ADDRESS
Thousand the first of the first of	254			O Po C	FA D	MA DAL SI	1 0 12	35 ADDRESS
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68 mars	2306 GEDTIELGA	HEALTH DEPARTMENT	REG. NO.	68- 2306
BIRTH NO.	CERTIFICA	TE OF DEATH		
I. NAME OF DECEASED Type or Print)		2. DATE	AND HOUR OF DEATH	н
LOUISE ROSSI		FEBR	RUARY 24, 19	68   5:20 A.A
B. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	INSTITUTION, GIVE STREET	MARYT AND c. CITY OR TOWN	D. IN	SIDE CITY DIMITS?
112		BALTIMORE	21230	YES X NO .
1)		E. STREET AND NUMBER		
SOUTH BALTIMORE GENERAL	HOSPITAL	116 West Le		
SEX 6. RACE 7. MA	ARRIED NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
FEMALE WHITE WID	OWED DIVORCED	4/17/12	55	
DA. USUAL OCCUPATION (Give kind of work 10B, K)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	othing factory			USA
	othing factory	VIRGINIA		034
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
LOUIS G. KIRBY		ADA MILIER		
. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	Mrs Sugan	Hartol 530	04 Gwynndale Ave
NO		IVII S. OUSAII	וומו נפו שא	54 GWYIIIGATE AVE
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stotin UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 1994. DATE OF OPERATION 1998. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	JTING MINAL MFOR WHICH OPERATION D  1218. PLACE OF INJURY (e.g., i	dial infacts  20 A. AUTOPSY? (Yes or  YES  1 or obout 21 C. WHERE DID	No. 20B. IF YES, WERE IN CERTIFYING C	e findings considered Auses of Death?
DEATH (notify medical examiner)	home, farm, factory, street, of etc.)	21F. HOW DID I	ALLIEN O CCUP?	
21 D. TIME (Month) (Doy) (Yeor) (House (APPROX.)	While At Not While Work Not Work		NJURY OCCUR!	
22. I certify that $(1)$ (this haspital) attethat $(2)$ (we) last saw the deceased alix				ruary 24, 19.68 pinian death accurred an the da
and haur and fram the causes stated ab	ave. (1) (We) (did) (did nat) v	iew the bady after deat	h.	
23A. SIGNATURE			/	23B. DATE SIGNED
William Mas	LER M.D. DEGREE Phys	nding Med. Director	Staff Phys.	2-24-68
23 C. PHYSICIAN'S NAME (Type)	OE GREE!	23D. ADDRESS	7 11 y 3.	01 -0
		1213 LIGHT ST	CEET .	
WILLIAM J. MAREK, M	D OEGREE	BALTIMORE, MAR	SCEC UINVIA	0
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)			LOCATION	City, town, or county) (State)
Burial 2/27/68	Meadowridge M	em. Park   H	loward Cour	nty, Maryland
SA. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
EFR 9 8 1069 0 0	007.0	Walters Fu	ineral Home	e Pratt&Stricker

Sts.



VS 150-REV. 1/1/6B

E. M. Martin and Marti

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

68- 2308

NO

Hours

U.S.A.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

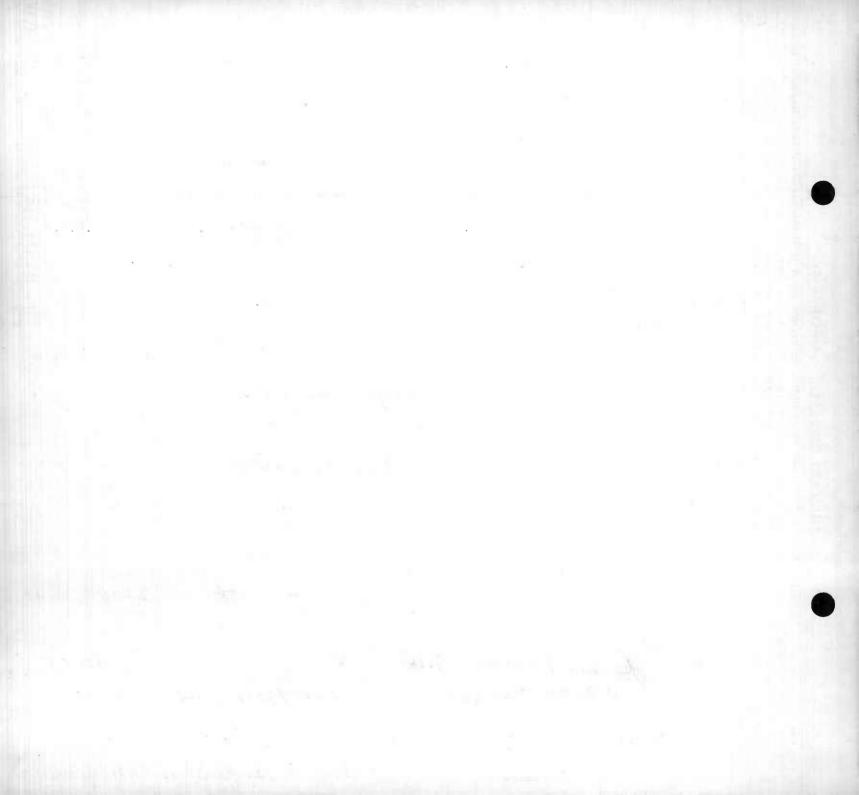
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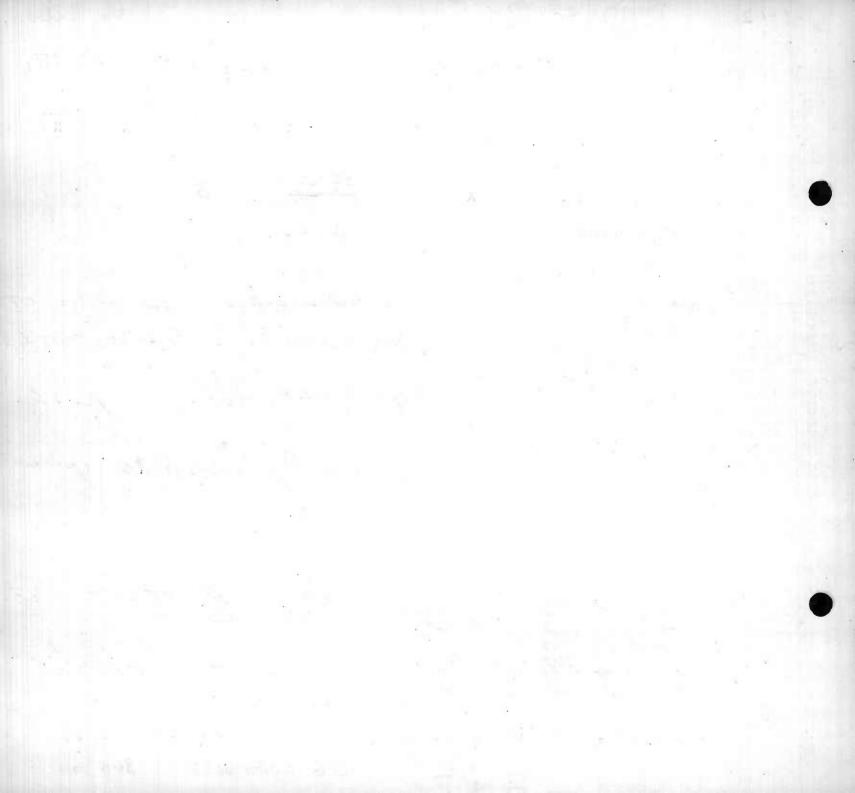
City

ADDRESS

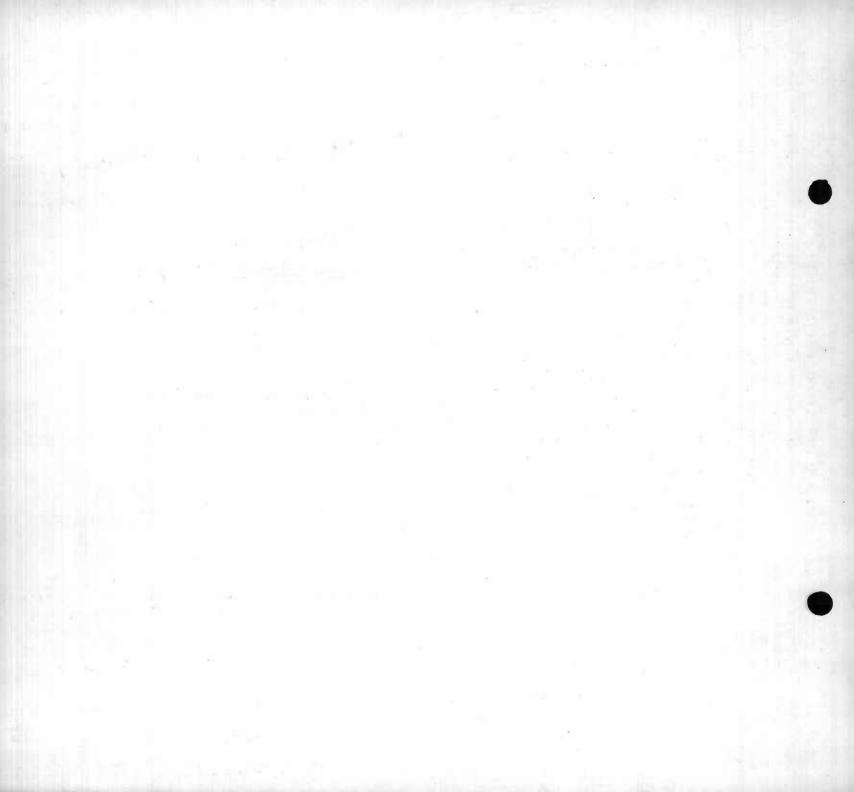
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II Under 24 Hrs.





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	and eath ased the Such	BIRTH NO.					AND HOUR OF DEATH	
	of death of death Deceased e on the	Type or Print)	, ,	JRL .	KEBLER	FER	3 26, 1969	1141
	Dec of	3. PLACE IN B	ALTIMORE, MARYLAND, WHER			4. USUAL RESIDENCE (W. A. STATE B. COL		nstitution: residence before odmission)
	hosp use (5) and dec	FULL NAME CHOSPITAL OR	(IF NOT IN HOSPITAL ADDRESS OR LOCATIO	OR INSTITUTION)	ON, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
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	D.= L					7 PLAT		BALT, MOZIZZ
	occurre ontribut ermined regular sased p	5. SEX	1 1		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	occur ontrib regul sased is ma	-	CUPATION (Give kind of work 10B	VIDOWED	DIVORCED	5-28-10	57	12, CITIZEN OF WHAT COUNTRY
	0 0 0		of working lile, even if retired)	, KIND OF BU	SINESS OR INDUSTRI	II. BIKINI EACE (SIBIE OF III	oreign country/	USA
	or or de itie		EWIFE			VA.		9.577
	if death ect or c (4) Undet was in the dec	13. FATHER'S N	FKEP	DINGE	55	14. MOTHER'S MAIDEN N		
=	disp	ENIZ				PEARL	Sours	
Z	E 0 = 0 _	15. Was Deceos Yes, no or unkno	ed Ever in U. S. Armed Forces? wn) (If yes, give war or dotes of	service) 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ORTA	kin dec	No				CARL KIBL	ER	7 BOVE
	if if if as	1B. 41	2.7		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AP	his so, of a nc en	DISE	ASE OR CONDITION DIREC	TLY		0 1	1 A	
=	Ale	(This does	not mean the mode of dy	ing, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	<u></u>	
ä	er ttu pro pro ba		e, asthenia, etc. Il means the omplication which caused de-				- 0	
OR	ac anin		ANTECEDENT CAUSES		Con	contra de	A Foele	e
ECT	A fr	DISEASES	OR CONDITIONS, if any	giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
SE SE	ex (3)		the abave cause (A) sta	ating the	(c) Her	sectionic	ASCUD	
0	lical rns; sicia was	44.	3 X II		(0)			
7	W TO 3 X	O OTHER SIGI	VIFICANT CONDITIONS CONTR					
2	me me y by ph ign	DISEASE OF	ATH BUT NOT RELATED TO THE T CONDITION GIVEN IN PART 1	(A).		20A. AUTOPSY? (Yes or	Nall 200 IE VEC WERE	CINDINGS CONSIDERED
UNERA	od od he he sic	19A. DATE	OF OPERATION 198. CONDITI		CH OPERATION	A) a	IN CERTIFYING CA	FINDINGS CONSIDERED
5	he cl by (2) B re t phy fore	U 21A. ACCI	DENT WAS UNDERLYING	21B. PL	ACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltima	ore City, give exoct locotion)
	tal beto	T DEATH (no	IBUTING CAUSE OF tify medical examiner	home,	form, foctory, street, o	fice bldg., INJURY OCCUR?		
	9 5 3 B	21D. TIME	(Month) (Doy) (Year) (E	Hour) 21E IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	hosinature di (6)	OF INJURY		While	At Not Whi	e 🗍	- 3	
	n y n xce	22 1 cort	fy that (1) (this haspital) a			3"	19 68 to	2 -26 1968
	e = = = 0		(e) last sow the deceased of		2 - 26	/		Inian death accurred on the dat
	0 0 7 7		and from the causes/stated			**************************************		
	ust be a cased to dent of ospital death) must b	23A, SIGNA	/ ^ -	anave. (i) (	wer (did) (did fior)	new the body until deal		23B, DATE SIGNED
	2 0 0 0		Millar //CVIN		Dh.	ending Med.  Director	Staff Phys.	2/26/68
		23 C. PHYSIC	CIAN'S		DEGREE	23 D. ADDRESS	· rnys. —	12012
	was r was r ) An a A. at   prior	NAMI	Michael Michael	KA	INER MO	Mur A	SP	
	£ _ 4	24A. BURIAL C	REMATION, 24B. DATE	24C. NAM	E of CEMETERY OF CR	EMATORY 24D	LOCATION (C	City, town, or county) (State)
	s: (1 D.O. D.O. asec	REMOVA	(Specify) 2/29/1	0 0.0			31100 1.	0
	3.01	25Å. DATE REG	O BY HEALTH DEPT. 25	B. NAME OF	APOW RIDE	25C. FUNERAL DIRECT	TOR	ADDRESS
	This the show was deco		EEB 2 8 1968	R.D. B	E Farkey Pl		MNELLY	300 MACE
		VS 150-REV. 1/	/1/6B			10,		



68- 2311 BALTIMORE CITY HEALTH DEPARTMENT

RIE	TH NO.		MED	ICAL	. EX	AMINER'S	CERTIFIC	CATE C	F DEA	TH REG. NO.	68	3- 2311
-								785				T
	NAME OF DEC		JACK	REI	BER		2. DATE OF DEATH	Known K	□ Febru	ary 25,	1968	Hour M.
4.	PLACE IN BAL	TIMORE, M.	ARYLAND, W	HERE PE	ONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA	L OR INS	τιτυτιο	N, GIVE STREET		INCED DEAD		ary 25,		1:30 P.M.
2		Balti	more Ci	ty H	ospi	ital (DOA)	A STATE	Maryland		B. COUNTY	BALTI	1 -
6.	SEX	7. RACE		B. MARR	RIED D	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
L.	Male	Whi	te	WIDOV	VED [	DIVORCED	ESSE			YE	s 🗌	NO X
9. [	6/14	/12	lost birthdox	yeors ()		der 1 Yr. If Under 24 Hrs. is, Doys, Hours, Min.		ND NUMBER 906 Lutz				
11.	BIRTHPLACE (S	tote or fore			12. CI	TIZEN OF	13. FATHER'					
	0	1				HAT COUNTRY?	2	FILET	PITA	0 - 1		
	P	H		4D 4/15 4B	U	SA		SUST	REI	361		
don	e during most of w	orkina life, e	ve kind of work	4B. KINL	OF B	USINESS OR INDUSTRY	15. MOTHER	S MAIDEN	NAME			
	MECH		-		SE	ARS	FL	12/1BE	TH	NORTO	n	
16.	WAS DECEASI	ED EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL	18. INFORM				DDRESS	
(Ye	s, no or unknown)	(If yes, give	wor or dotes	of service	)	SECURITY NO.	DORA	-116-	OF IDE	0	A	701/5
-	19.	VV	11			CAUSE OF DEA	DORO	117	REIBE	K	170	PROXIMATE INTERVAL
	412	9 1				CAUSE OF DEA						EEN ONSET AND DEATH
	DISEASI	E OR CONI	DITION DIREC	TLY		Arter	cioscle	cotic ca	rdiovas	cular		
		LEADING T	O DEATH			(A)IMMEDIATE C	ALISE	dise	ase			
			mode of dy			DUE TO, OR	S A CONSEQ					
			c. It meons the ich coused dec									
NO	DISEASES C	ABOVE CA	IONS, IF ANY	, GIVING ING THE		(B)(C)	AS A CONSEC	QUENCE OF:				
ERTIFICATION	TO THE DEA	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	INAL							
CERT	20A. DATE OF	OPERATIO	N 20B. CON	DITION	FOR V	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
7	0										N	No .
EDICA	UNDERLYING		VTRIB-		22B. Pl home,	LACE OF INJURY(e.g., form, foctory, street, offic	in or obout 2 e bldg., etc.)	2C. WHERE D	ID (If in Boltim R?	ore City, give exc	ect lacation)	
Σ	22D. TIME ( OF INJURY (APPROX.)	(Month) (	Doy) (Yeor	) (Hou	W		WHILE	2F. HOW DID	INJURY OC	CUR?		
	23.				m. W	ORK L AT W	ORK L					
		ify that I I	held an II	nquiry [		Inspection XX Au	tonsy 🗆	and that o	n this basis	, death in my	aninian	
					-						7	
	result	red from: _	Natural cau	ses LX	Ae	cident Suicio	le 🔲 Ha	micide 🗌	Undetern	ined manner L		
		1.	1	1	, 1	11		CHIEF MEDICA	AL EXAMINER			DATE SIGNED
	ACTUAL	IDE ( )	rand	0.	7	2301	ASSI:	STANT MEDIC	AL EXAMINER	X		DAIL SIGNED
	SIGNATU	ED/C				M.L	4550	CIATE MEDIC	AL EVALAINED			
	NAME (T		narles	S. Sp	rin	gate, M.D.	ASSU	CIAIE MEDIC	PE EVWWIINEK	Feb	ruary	26, 1968
	A. BURIAL CREA		24B. DATE		240	NAME of CEMETERY	ar CREMATO	RY 2	4D. LOCATIO	N (City, town	, or county	(Stote)
RE	MOVAL (Special	(y)	2/0	110		7.			0.			
	BURIE	74	127/	68		SALTO, NI	ATL.		1544	-	1P.	
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME (	OF REGISTRAR	25C. F	UNERAL DIRI	CTOR	A	DDRESS	
		GED 2	0 1968	The	res	E, Jakey P.	T	5. C	ONNE	-124	3	00 MAC

VS 151-REV. 1/1/68

STREET, STREET DORATHS RELECT, HORSE With the state of D-520

2312 BALTIMORE CITY HEALTH DEPARTMENT

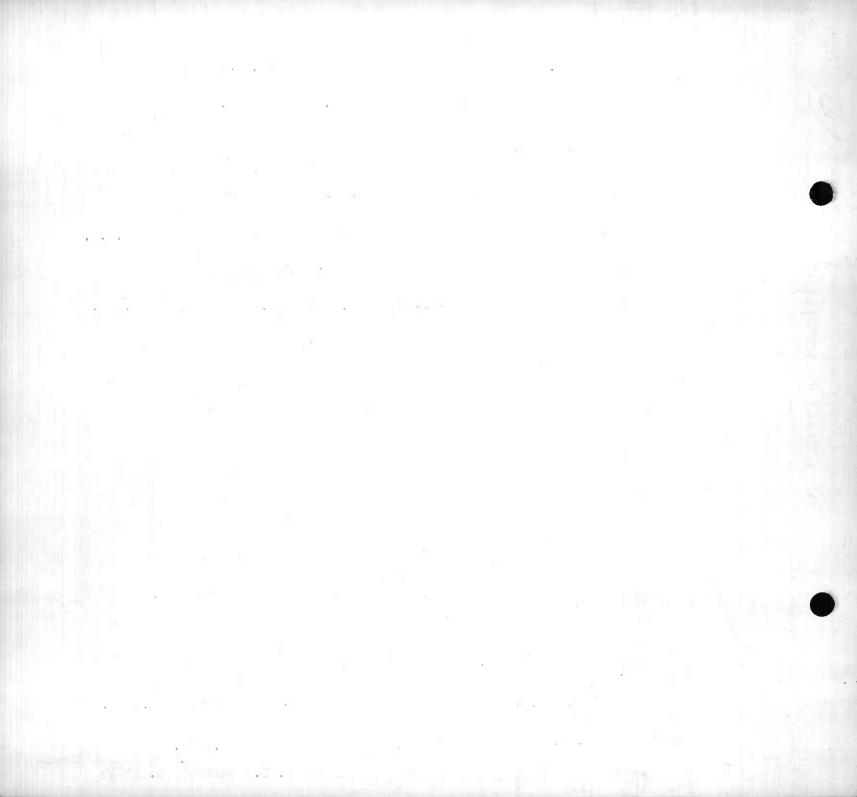
		MED			MINER'S					DEAT	TH REG	No. 68	3- 2	312	1
I. NAME OF DE	CEASED					12.	DATE	Know	n X	Ma = 4 h	Doy		· · · · · · · ·	laa	=
(Type or Print)		TOTAL D. T.	TONT.				OF		oted 🗌	Month				lour	
4. PLACE IN BA	LORE'		XON HERE P	RONOUN	CED DEAD		DEATH	LSIIII	oleg 🖂	Month	24 Dov			7:00 p	<u>M.</u>
FULL NAME OF HOSPITAL OR INSTITUTION	(IF N	OT IN HOSPITA	LORINS				PRONO	UNCED I	Fel	ruary	24.		968	7:00	<u>рм.</u>
OK INSTITUTION							USUAL R STATE	ESIDENC	E (Where	deceosed	B. COUN		idence befo	ore odmission	)
		emorial						aryla	ind			13/	ALTC	1.53	00
6. SEX	7. RACE		8. MAR	RIED N	IEVER MARRIED	C.	CITY OR	TOWN			D. INSID	DE CITY L	IMITS?		
Female	Whi	te	WIDO	WED 🗌	DIVORCED			Balt	٠.			YES [	NO	<b>x</b>	
9. DATE OF BIR	TH /14	10. AGE (In lost birthdoy			1 Yr. If Under 24 Doys Hours :		STREET	AND NU		2 00	270				
11. BIRTHPLACE	(State or fore		9	12. CITIZ	EN OF	13.	FATHER	'S NAME	KLE.	3 Bo	X 2/0				
M	0.		45 1644	NC			DA	NIL	FL	_	ELL				
14A.USUAL OCC			14B. KIN	D OF BUSI	INESS OR INDU	JSTRY 15.	MOTHE	R'S MAIL	DEN NA	ME					
HOUSEU						1	1AT	LOA	- K	IME	MER	LEI	N	77.11	
16. WAS DECEA (Yes, no or unknow	SED EVER IN	U.S. ARMED	FORCE of service	S? 17.	SOCIAL SECURITY NO.	1B.	INFOR	TUAN				ADDR	ESS		
10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4.03-76	-631	DAV	10	DIX	ON	106	MA	RGAL	PET	
19.E 81	2,11				CAUSE OF	DEATH								XIMATE INTER	
DISEA	SE OR CON	DITION DIREC	CTLY												
(=1	LEADING				(A)IMMEDIA			Inju							
heort foilur	e, osthenio, et	e mode of dyi tc. It means the nich coused dea	diseose,		DUE TO,	OR AS A	CONSEG	UENCE C	OF:						
DISEASES RISE TO TH UNDERLY	NG CONDI	TONS, IF ANY	ONTRIBU	JIING	(B)(C)	OR AS A	CONSE	QUENCE	OF:						rtwods.
DISEASE O	RCONDITIO	N GIVEN IN PA	RT 1 (A	).			miles andre sales sales sales sales sales sales sales sales sales								
20A. DATE C	OF OPERATIO	ON 20B. CON	IDITION		ICH OPERATION									Y? (Yes or N	0)
₹ 22A. EXTE	RNAL CAUSI	E WAS		22B. PL AC	CE OF INJURY(	(e.g., in o	r obout :	22C. WHI	RE DID	(If in Boltim	ore City, giv	e exoct lo	cotion)	No	
	GOR COM AUSE OF DE (Month)		) (Hou		NJURY OCCURI			0.0	• 1/6	. 1 a	C Harr	ord	Co. L	ine 62	-00
OF INJURY (APPROX.)	2	, ,,		5 m PWORK		NOT WHI AT WORK	LE TO				er in	auto	-auto	coll.	
23.	est for above 1	hald an 1.			XX	Automore	🗆	and a	has an s	hia haata	ا المحمل		n lan		
		held on li		v /	spection XX						, death in		nion		
resu	Ited fram:	Natural cou	Se E	Actio	dent A	uicide _		amicide			ined manr	ner 🔲			
ACTUA	8	h . n	Λ	1	1110					EXAMINER			DA	ATE SIGNED	)
SIGNA		100	2	UV	~ 1	M.D.	ASS	ISTANT N	EDICALI	EXAMINER	KJ				
EXAMII NAME		Edward :	F. W:	ilson,	M.D.		ASSO	OCIATE N	EDICAL	EXAMINER		Fe	bruar	y 25,	196
24A. BURIAL CRI	EMATION,	24B. DATE	2/		AME of CEMET	ERY or (	CREMATO	ORY	24D.	LOCATIO	N (City,	town, or		(Stote)	
BURIA	4	2/20	3/6 8	5 6A	PRDENS	05		ITH			LTO,		1 D.		
25A. DATE REC'I	D BY-HEALTH	DEPT.	25B. 1		REGISTRAR				LDIRECT			ADDR			
-19		9 1300	Phol	rest &	. Farley	PLB.	J	5.	C01	rNE	447		30	e M	AC
VS 151-REV. 1/1/6	6B	920	179												V

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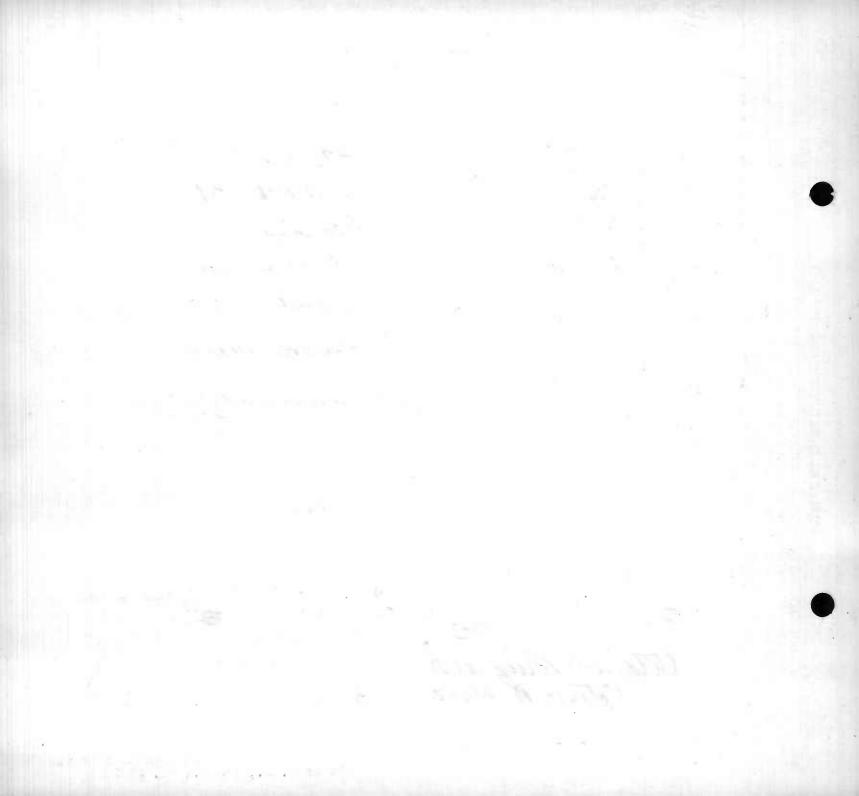
A.E. CASE NO.	CLICITICA	ATE OF DEATH		
	W. JOSEPH		ND HOUR OF DEATH	
			- 25 - 68	4.201
PLACE OF DEATH IN BALTIMORE, A	MARYLAND	A. STATE B. COU	ere deceased lived. If NTY	institution: residence before odmis
FULL NAME OF (If not in hospit	tol or institution, give street	Md. B	alto.	1
HOSPITAL OR oddress or loca	olion)			RORAL and give waship)
		Baltimore	0	) 2 /
SINAI HOSBITA	LOF BALTIMORE	D. STREET ADDRESS	f rural, give location)	
		2318 Sidney A	Venue	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
MALE WHITE	WIDOWED, DIVORCED (specify)	Aug. 9, 1902	lost birthdoyl	Months Doys Hours Mi
	vork 10 B, KIND OF BUSINESS OR INDUSTR			12, CITIZEN OF
one during most of working lite, even if retire				WHAT COUNTRY?
Retired Laborer		Virginia		U.S.A.
A FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
John Beatty		Daisy Beatty		
. Was Deceased Ever in U. S. Armed		17. INFORMANT	00.44	ADDRESS
es, no or unknown) (If yes, give war or d	security No. 218-03-6680	Man David	2318	Sidney Avenue
		Mrs. Barbara 1	Morris, Balt	
18./6/91	CAUSE	OF DEATH		INTERVAL BETWEEN
ANTECEDENT CAUS	SES (B) DUE TO	CACHEXIA	SECONDAR	24
DISEASES OR CONDITIONS, in the second of the obove cause (A UNDERLYING CONDITION lost.	SES (B) (DUE TO (II only, giving A) stoling the (C) TO	Ca of The	SECONDAR LARY NX	24
DISEASES OR CONDITIONS, in the state of the obove cause (A UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RESERVED.	CONTRIBUTING			
DISEASES OR CONDITIONS, in the second of the	CONTRIBUTING		RADICALI	VECK SISSECTION
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION tost, of the significant conditions to the DEATH BUT NOT REDISEASE OR CONDITION CAUSINI 199. DATE OF OPERATION 198. CWAS P	CONTRIBUTING ELATED TO THE LARYNG	ECTOMY AND  [20A. AUTOPSY? (Yes or N	RADICAL 1	
DISEASES OR CONDITIONS, in see to the obove cause (A UNDERLYING CONDITION lost).  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. COMMAND 1	CONTRIBUTING ELATED TO THE LARYNG ONDITION FOR WHICH OPERATION PERFORMED CO OF THE LARYN	ECTOMY AND  20A. AUTOPSY? (Yes or P	RADICAL I	VECK DISECTION  FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION lost).  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CONTRIBUTING ELATED TO THE LARYNG ONDITION FOR WHICH OPERATION PERFORMED CO Of the LARYN	ECTOMY AND  20A. AUTOPSY? (Yes or P  Y & S  in or obout 21C. WHERE DID	RADICAL 1	VECK SISSECTION
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION lost).  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21. A. A. C.	CONTRIBUTING ELATED TO THE LARYNG ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or F  Y & S  in or obout 21C. WHERE DID  office bidg., INJURY OCCUR?	RADICALI  O 20B. IF YES, WERE IN CERTIFYING C.  (If in Bollimo	VECK DISSECTION E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION to st.)  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING THE DEATH (Notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yes	CONTRIBUTING ELATED TO THE  GIT.  ONDITION FOR WHICH OPERATION TERFORMED  CO OF THE LARYN  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or F Y G S in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	RADICALI  O 20B. IF YES, WERE IN CERTIFYING C.  (If in Bollimo	VECK DISECTION  FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES OR CONDITIONS, inse to the obove cause (AUNDERLYING CONDITION to the significant conditions to the death but not at disease or condition causing the death of the death was underlying or contributing cause of Death (notify medical examiner)  21D. Time (Month) (Doy) (Yes of injury (APPROX.)	CONTRIBUTING ELATED TO THE LARYNG GIT.  ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Onl (Hour)  21E. INJURY OCCURRED  While At Not White At Work  tal) attended the deceased from  19	20A. AUTOPSY? (Yes or F Y & S in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	RADICALI  10) 208. IF YES, WERE IN CERTIFYING C  (If in Bollimo	VECK DISECTION E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact locotion)
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DISEASES OR CONDITIONS, in ise to the obove cause (AUNDERLYING CONDITION tost.)  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING TO THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yes (APPROX.)  22. I certify that (1) (this hospithat (1) (we) last sow the deceand hour and from the causes seemed to the courses of the course o	CONTRIBUTING  ELATED TO THE LARYNG  ONDITION FOR WHICH OPERATION  PERFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  on) (Hour)  21E. INJURY OCCURRED  White At Not White At Work  tal) attended the deceased from  posed clive on	20A. AUTOPSY? (Yes or F  Y 6 S  in or obout 21C. WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID IN  ite 2  21F. How did in  view the body ofter deoth	RADICAL I  208. IF YES, WERE IN CERTIFYING C.  (If in Bollimo	VECK DISECTION E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact location)  2 2 19 6 Dinion deoth accurred on the
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION to st.)  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yes (APPROX.)  22. I certify that (1) (this hospithat (I) (we) last sow the deceand hour and fram the causes see 23A. SIGNATURE	CONTRIBUTING ELATED TO THE  GIT.  ONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Only (Hour)  21E. INJURY OCCURRED  While Al Not Whit Work  tal) attended the deceased from cosed clive on	20A. AUTOPSY? (Yes or F  Y 6 S  in or obout 21C. WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID IN  ite   22	PADICAL /  20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	PECK SISECTION  E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locohon)  2
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION to the course of the cours	CONTRIBUTING ELATED TO THE  CARYNG  IT.  ONDITION FOR WHICH OPERATION PERFORMED  ALARYN  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Onl (Hour)  21E. INJURY OCCURRED  While AI  Not White  Work  Al AL  AL  AL  AL  AL  AL  AL  AL  AL	20A. AUTOPSY? (Yes or F  Y 6 S  in or obout 21C. WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID IN  ile 2  24  25  19  30  and 1  view the body ofter deoth  tending 2  Med. Director 2  123D. ADDRESS  S ( NA )	PADICAL I  10) 20B. IF YES, WERE IN CERTIFYING C  (If in Bollimo  JURY OCCUR?  19 GS to	VECK DISECTION E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exoct locotion)  2 2 196 Dinion deoth accurred on the  23B. DATE SIGNED 2 25/68
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION to st.)  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yes (APPROX.)  22. I certify that (1) (this hospithat (I) (we) last sow the deceand hour and fram the causes see 23A. SIGNATURE	CONTRIBUTING ELATED TO THE  GIT.  ONDITION FOR WHICH OPERATION PERFORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Only (Hour)  21E. INJURY OCCURRED  While Al Not Whit Work  tal) attended the deceased from cosed clive on	20A. AUTOPSY? (Yes or F  Y & S  in or obout 21C. WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID IN  ite   21F. HOW DID IN  view the body ofter death  view the body ofter death  lending   Aed. Director   23D. ADDRESS  S ( N A I	CADICAL I  DO 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  UNRY OCCUR?  19 68 10 10 10 10 10 10 10 10 10 10 10 10 10	PECK SISECTION E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locotion)  22 2 19 6  Dinion deoth accurred on the  238. DATE SIGNED 2 5 68  AL OF BALTO  City, town, or county) (Sto
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION tost).  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RED EASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21.D. TIMME (Month) (Doy) (Yes OF INJURY (APPROX.)  22. I certify that (1) (this hospith that (1) (we) last sow the deceand hour and fram the causes so 23A. SIGNATURE  23.C. PHYSICIAN'S NAME (Type)  PANAYOTIS  44. BURIAL CREMATION, 1248. DATE	CONTRIBUTING ELATED TO THE LARYNG GIT.  ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Or) (Hour)  21E. INJURY OCCURRED  While AI Not Whit AI Work  tal) attended the deceased from toted obove. (1) (We) (did) (did not)  M.D. AH Ph;  24C. NAME of CEMETERY or CR	20A. AUTOPSY? (Yes or F  Y & S  in or obout 21C. WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID IN  ite   21F. HOW DID IN  view the body ofter death  view the body ofter death  lending   Aed. Director   23D. ADDRESS  S ( N A I	CADICAL I  DO 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  UNRY OCCUR?  19 68 10 10 10 10 10 10 10 10 10 10 10 10 10	PECK SISECTION E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locofion)  2 2 19 6  Dinion deoth accurred on the  238. DATE SIGNED 2 5 68  AL OF BALTO  City, town, or county) (Sto
DISEASES OR CONDITIONS, in ise to the obove cause (A UNDERLYING CONDITION to st.)  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REDUCED TO THE DEATH BUT NOT REDUCED TO THE DEATH BUT NOT REMOVAL (Specify)  110. THE DEATH BUT NOT REDUCED TO THE DEATH BUT NOT REMOVAL (Specify)  110. THE DEATH BUT NOT REDUCED TO THE DEATH NOT REMOVAL (Specify)	CONTRIBUTING ELATED TO THE LARYNG GIT.  ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Only (Hour)  21E. INJURY OCCURRED White At Not White At Work  tal) attended the deceased from toted obove. (!) (We) (did) (did not)  M.D. Att Ph.  24C. NAME of CEMETERY of CR	20A. AUTOPSY? (Yes or F  Y & S  in or obout 21C. WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID IN  ite   21F. HOW DID IN  view the body ofter death  view the body ofter death  lending   Aed. Director   23D. ADDRESS  S ( N A I	RADICAL /  208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  (If in Boltimo	PECK SISECTION E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact locofion)  2 2 19 6  Dinion deoth accurred on the  238. DATE SIGNED 2 5 68  AL OF BALTO  City, town, or county) (Sto

Mark the set

VS 150-REV. 1/1/68



00 0	BALTIMORE CIT	HEALTH DEPARTMENT		68- 2315
BIRTH NO. 68- 2	CERTIFICA	TE OF DEATH	REG. NO	00 1010
TNAME OF DECEASED (Type or Print)  ANNA M	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SXX	2-26-6	18 6:25 AM
3. PLACE IN BALTIMORE MARYLAND, WHERE PE FULL NAME OF HOSPITAL OR HOSPITAL OR		A. STATE B. COU MARY/AND	BALTI	MORE
	: Hospital	E. STREET AND NUMBER	9	DE CITY LIMITS?
f tal	RIED NEVER MARRIED	B. DATE OF BIRTH/ 5-17-1896	9. AGE (In year)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)  Seamstress	ID OF BUSINESS OR INDUSTRY	SCOTLAND	reign country!	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Edward KERR		14. MOTHER'S MAIDEN NO.	1ª DONNEG	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 2K-05-9985	Husband.	( Joseph A.	ADDRESS Some
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. ft means the dis	CAUSE OF DEAT	H  USE CARDIAC  A CONSEQUENCE OF:	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MINUTES
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, is to the above couse (A) stoling UNDERLYING CONDITION lost.	iving DOE TO, OR AS	A CONSEQUENCE OF:	lerofic CARdio	YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1: [A]. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No) 208. IF YES, WERE F	CINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not Whi Work At Work	21F. HOW DID IN	NJURY OCCUR?	
22. I certify that (1) (this hospital) attenthat (we) ost sow the deceased alive	on 2-26			nion death occurred on the date
ond hour and from the couses stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)		ending Med.	Shoff Department of the Spiral	23B. DATE SIGNED 2-26-68
REMOVAL (Specify)	DEGREE 4C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Cit	ly, town, or county) (Stote)
Burial 2-29-68 25A. DATE REC'D BY HEALTH DEPT. 2SB. NA	Holy Cross	25C. FUNERAL DIRECTO	4101 Edn	Md. ADDRESS nondson Avenue
VS 150-REV. 1/768 2 8 1968 C. S. W.	5 E, Salley P.A.	Witzke F. D.	, Darto, Md.	21229



VS 150-REV. 1/1/68

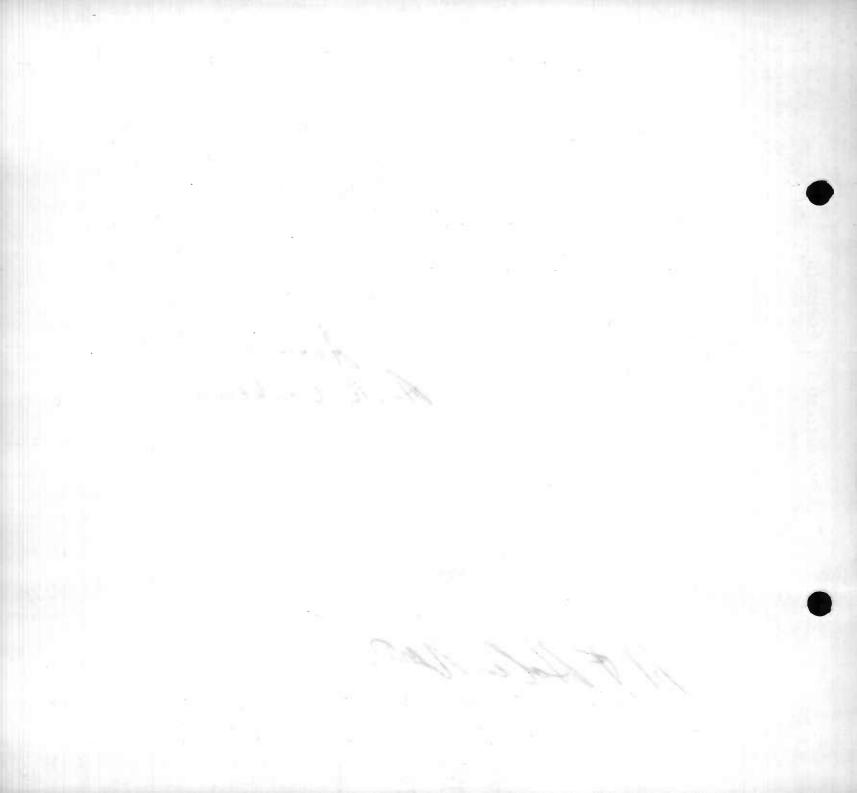
A Later Company of 2710 .A.T., ET L. TAN BELL STUMBELL

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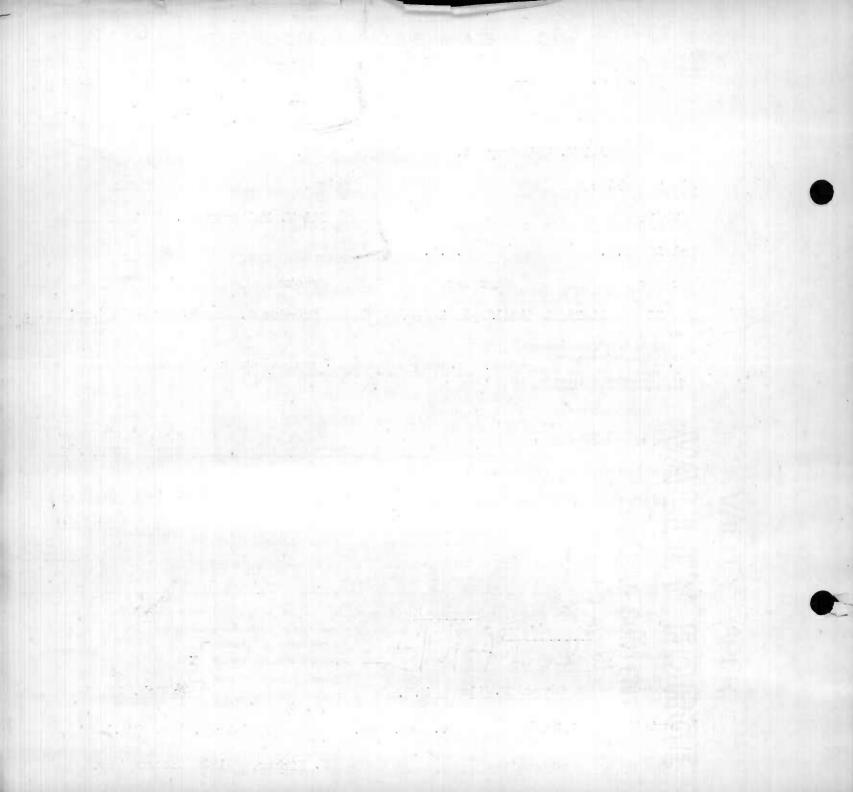
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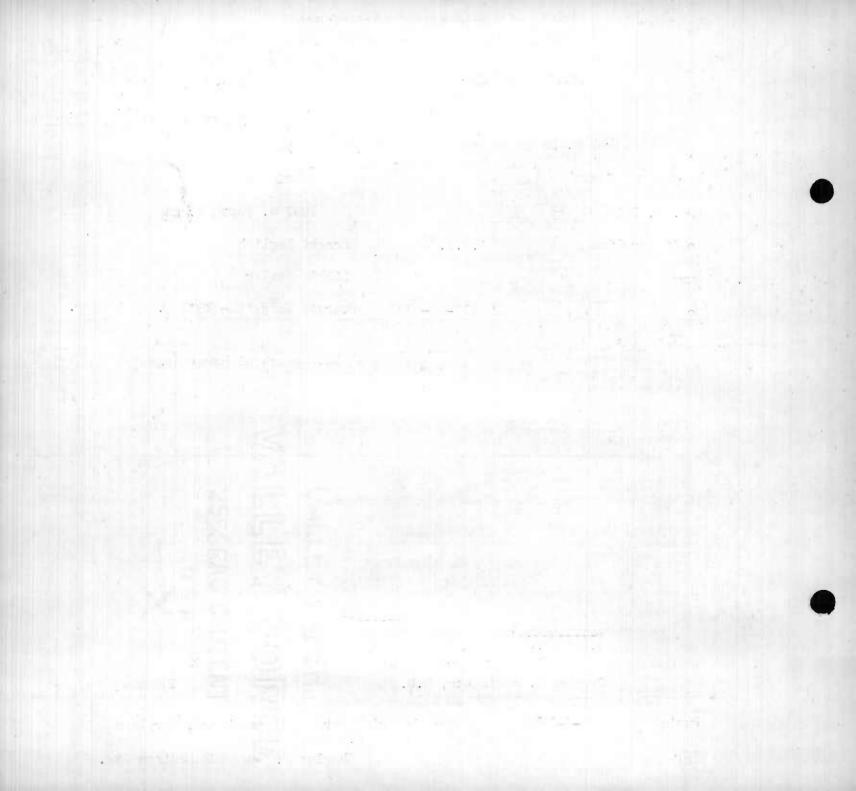
	R-1/21-	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2317
PID	TH NO. 68- 26	317 CERTIFICA	TE OF DEATH	REG. NO	00 2017
	AME OF DECEASED	, ,	2. DATE AND	HOUR OF DEATH	
(Typ	De or Print) BALONES +	al claber	F 2/	22/68	3/45 2.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence befare admission)
			A. STATE B. COUNT	Υ	
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	mo.		
IN S	TITUTION		C. CITY OR TOWN	D. INSIDI	CITY LIMITS?
19	11. 0 m 6	/	BALTIMON	3.5	ES X NO L
1	Union MEm. A	osp.	E. STREET AND NUMBER	1 1	
			3600 CX	m 111	E
S. S	EX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
٠,	m WIDOW		2/28/1889	79	violinis Days Proofs Pville
10A	. USUAL OCCUPATION (Give kind of work 10B. KINE		11. BIRTHPLACE (Stote or foreig	n country)	12, CITIZEN OF WHAT COUNTRY?
don	duying most of working life, even if retired)	oustr.	march		U.S.A.
-		ONSIR.	Mayran		0.0.1/2
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	LSIAh BALDE	actor	MARY E	JUCKEN A	IAM
15.	Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	00, 00,	ADDRESS
(Yes	s, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	n. T	Russel	//
	30	663026890	CORA L.	1105301	L
	1B. 207.01	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		11 -		
	LEADING TO DEATH	(A) IMMEDIATE CAUS	se Huemia		3 MOS:
	(This does not mean the mode of dying, heart foilure, asthenio, etc. 11 means the dise	e.g., DUE TO, OR AS A	CONSEQUENCE OF:		
	injury or complication which caused deoth.)	A	F / /.		
	ANTECEDENT CAUSES	N=a	10 Lowke	eme 9	4 405,
	DISEASES OR CONDITIONS, if ony, give	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoting				
	UNDERLYING CONDITION losi.	(c)			
	204,3				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
AT	DISEASE OR CONDITION GIVEN IN PART 1 (A).				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY2 (Yes or No)	10 CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
ERT			No		
T.	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If in Boltimare	City, give exoct locotion)
A	DEATH (notify medical examiner)	etc.)			
EDIC	21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
X	OF INJURY (APPROX.)	While At Not While			
	(AFFRO&)	Work At Work	, ,		/ /
	22. I certify that (1) (this hospital) attended	ed the deceased fram	1/19/11	968 ta	2 / 22 / 19 65 .
	that (1) (we) last saw the deceased alive	an 2/21/	19.68 and tha	t in my (aux) apini	an death accurred an the date
	and haur and fram the causes stated above	eall)(We) ((id) (did and) vi			
	23A. SIGNATURE	1.0		]2	3B. DATE SIGNED
	11 # 11/	Atter	nding Med.		2/22/18
	11/1/1/19/1	DEGREE		Staff Phys.	-722/00
	23C. HYSICIAN'S NAME (Type)	2	3D. ADDRESS	12	1 11
	H.T. HOLCO	48 UR DEGREE	UNION M	18HORIA	6 MOSP
24A	BURIAL CREMATION, 248. DATE	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	tawn, or county) (State)
-	REMOVAL (Specify) 2/26/68	Hard Stan	and Pour So	M. Citi	ml.
25A	DATE REC'D BY HEALTH DEPT OSE NAM	ME OF REGISTRAR	25C FINERAL DISCOTOR	AN COLLEGE	Anness
230	PATEREC'D BY HEALTH DEPT.	To 0. 44	Ti Fisher	1930 Cist	ine cerp.
145	150-REV. 1/1/6B	ACTION LINE			
W	IDII-MEM 1/1/68				



10-0	40			BALTIMORE CITY HE			DEAT		68-	2318	
BIRTH NO.		MEDIC	AL EA	AMINER'S	CEKTIFI	CATE OF	DEAT	REG. NO.	-	101G	,
I. NAME OF D	ECEASED				2. DATE	Knawn X	Month	Day	Year	Hour	
(Type or Print)	RICHARD	BOSWEI	т		OF	Estimoted	2	23	68	1:05	n
4. PLACE IN B	ALTIMORE, MARY			UNCED DEAD	DEATH 3. DATE		Month	Dov	Yeor	Hour	Р м.
FULL NAME OF	(IF NOT II		RINSTITUTIO	DN, GIVE STREET			eb.	23	68	1:05	
OR INSTITUTION	1				5. USUAL RI	ESIDENCE (Where		ed. If institution B. COUNTY	: residence i	befare admis	isian)
00	511	W. Mull	perry	St.		Md.				11.6	21
6. SEX	7. RACE	8.	MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS	1-1	
Male	White		IDOWED		Ba1	to.		YE	s &	NO 🗌	
9. DATE OF BI	RTH 1	0. AGE (In year	39 Hunt	der 1 Yr. If Under 24 Hrs. 1s   Doys   Hours   Min.	E. STREET A	ND NUMBER					
8/20/6		40				511 W. Mu	1berry	St.			
	E (State or foreign		W	ITIZEN OF HAT COUNTRY?	13. FATHER	SNAME		1.6			
Raleig	h N C	ind of work 148.	KIND OF B	U.S.A.	Y 15. MOTHE	R'S MAIDEN NA	ME				
dane during most	of working life, even	if retired)									
Engrave	ASED EVER IN U.	S ARMED FO	Engr	aver	18. INFORM	Brooks		ΔΓ	DDRESS		
(Yes, no or unknown	wn) (If yes, give war	or dates of s	ervice)	SECURITY NO.							
W W II	11/2	25/42 (	10/15/			Broadus	G. Bro	oks 23	Shep	herd S	t.Ral
49	/ X -			CAUSE OF DEA	Ain				BETV	PPROXIMATE IN VEEN ONSET A	ND DEATH
DISE	ASE OR CONDITI		1								
/This day	LEADING TO D			(A)IMMEDIATE	CAUSE C		ronchi	tis			
heart lails	s not mean the mo ure, asthenio, etc. It	means the dis-	ease,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
injury or o	complication which	coused death.)									
	ANTECEDENT CA	AUSES		(8)							
	S OR CONDITION			DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERL	YING CONDITIO	N LAST.	J INC	(c)							
Ď	1			(C)							
TOTHER SI	GNIFICANT COND	ITIONS CONT	RIBUTING								
E TO THE D	DEATH BUT NOT RE			*****						+4400000000000000000000000000000000000	
				WHICH OPERATION W	AS PERFORM	IED			21. AUTO	PSY? (Yes	or No)
0	1.0									20	
Z 22A. EXT	ERNAL CAUSE W	AS	22B.P	LACE OF INJURY (e.g.	, in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give exa		no	
	NG OR CONTR		home	, farm, foctory, street, affi	ce bldg., etc.) li	NJURY OCCUR?					
∑ 22D. TIME	(Month) (Day		(Hour) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCI	JR?			
OF INJURY (APPROX.)		, (,	` w	HILE AT NO	T WHILE						
23.			m. W	ORK AT	WORK						
	ertify that I hel	dan Inqu	irv 🗍	Inspection X A	utopsy	and that an t	his basis	death in my	opinlan		
	The state of the s							ned manner			
res	wied fram: Na	urai causes	XX 190	cident L Suici		micide    CHIEF MEDICAL I		nea manner L			
ACTU	AL S	1	1 +	-11/11						DATE SIG	NED
	ATURE	901	15 17	1011) M.	U.	STANT MEDICAL					
	INER'S	T7.1	1 =		ASSC	CIATE MEDICAL I	EXAMINER	□			
	E (Type)	Edwar B. DATE	a F. Wi	Ison, M.D.	CDCMATC	DV loca	LOCATION		b. 23,		10)
24A. BURIAL CI REMOVAL (Sp		. DATE	240	NAME of CEMETER	Gr CKEMAIC	24D.	LOCATION	(City, town	n, or county	(Sta	ne)
Buri		2/28/68	3	Ba. Nat.	Cem.	550	01 Fred	l. Ave.	(Md.)	To Take	
25A. DATE REC	D BY HEALTH DE	PT. 2	SB. NAME	OF REGISTRAR	25C.	FUNERAL DIRECT	OR	, 60 A	DDRESS	2.0	
rrp (	0 2 1069	Release	8.50	2 Dece Mills		Fisher		O E	cur (	wp	
1 1 1 5	Z @ 1300	JINCHELL!		74		r. Fisher,	19.	30 Easte	in Av	е.	17
VS 151-REV. 1/1	/08						1				



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 2349					
BIRTH NO.						
1. NAME OF DECEASED (Type or Print)  LILLIAN ENGLISH	2. DATE Known Amonth Doy Year Hour OF DEATH Estimated February 1968					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD February 26, 1968 8:45 A <sub>M.</sub> 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)					
1907 W. North Avenue	A. STATE Maryland B. COUNTY					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Female Negro WIDOWED DIVORCED	Baltimore YES NO NO					
9. DATE OF BIRTH Aug. 5, 1910  10. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Manths, Doys   Haurs   Min.	1907 W. North Avenue					
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME					
South Carolina WHAJ COUNTRY?	Ernest English					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME					
dane during most of working life, even if retired). Nurse	Lillie Fowler					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS					
(Yes, no ar unknown) (If yes, give wor ar dates of service)  SECURITY NO. 117-22-0393	Peargie Padgett - 1907 W. North Ave.					
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
LEADING TO DEATH (A)IMMEDIATE	CAUSE Intracerebral hemorrhage					
this does not mean the mode of dying, e.g., heart foilure, asthento, etc. It means the disease,	AS A CONSEQUENCE OF:					
injury ar camplication which coused death.)						
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
UNDERLYING CONDITION LAST. (C)						
OF THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)					
	Yes					
✓ 22A.       EXTERNAL CAUSE WAS         OUNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.    228. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 128. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, officers) 129. PLACE OF INJURY(e.g., home, form, foctory, street, home, foctory, street, home, foctory, street, home, foctory, street, home, foctory, home, hom	in ar about 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?					
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
	WHILE WORK					
I certify that I held an Inquiry Inspection Au						
resulted from: Natural causes X Accident Suici	de Hamicide Undetermined manner					
00 10 1	CHIEF MEDICAL EXAMINER DATE SIGNED					
SIGNATURE CRASS. AND M.	ASSISTANT MEDICAL EXAMINER					
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER  February 26, 1968					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, ar county) (State)					
Burial 3-2-1.968 Arbutus Memo:	rial Pakk Baltimore, Maryland					
25 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
EEB 28 1968 Robert E. Farbura	Charles R. Law 802 Madison Ave.					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

		ASED			2. DATE	AND HOUR OF DEA	
(Туре	or Print)	ARY CHAI	RLEY			2-26-6	8 9:
3. PLA		IMORE, MARYLAND, V		UNCED DEAD	4. USUAL RESIDENCE (VI	here deceased lived. I	If institution; residence
FULL	NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	MD.		14
HOSPI	ITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN		INSIDE CITY LIMITS
411	LUTHE	RAN HOSPITI	AL of	MA	BALTITORE		YES N
16						YSON ST.	
5. SEX	-	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	7-23-96	9. AGE (In years lost birthdoy)	Months Doys
		PATION (Give kind of working life, even if refired)	rk 108. KIND OF	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF V
	ousewi:				Eastville, V	irginia	U.S.A.
	THER'S NAM		1	Fine	14. MOTHER'S MAIDEN	IAME	
J	. Hunt				Mary Alic	e Windee	
15. Wa (Yes, no	or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dat	orces? les of service)	SECURITY NO.	17. INFORMANT	ART	ADDRES
1B	100	0 1		CAUSE OF DEA	ТН		APPROXI BETWEEN
D ris	ISEASES Cose to the	asthenia, etc. It means plication which caused ANTECEDENT CAUSE OR CONDITIONS, if above cause (A) CONDITION last.	d death.) S any, giving	(B) <b>METAS</b> DUE TO, OR A	STASIC + LOCAL S A CONSEQUENCE OF:		
NOIT OUR NOIT OF THE PROPERTY	ISEASES Cose to the NDERLYING	plication which caused ANTECEDENT CAUSE: OR CONDITIONS, if abave cause (A) CONDITION last.  11 ICANT CONDITIONS CO	d death.) S any, giving stating the DNTRIBUTING THE TERMINAL	(B) <b>METAS</b> DUE TO, OR A	RTASIC + LOCAL		
ATION CHILD	ISEASES Cose to the NDERLYING  THER SIGNIF O THE DEAT SEASE OR C	plication which caused ANTECEDENT CAUSE: OR CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 119B. COI	d death.) S any, giving stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(B) <b>METAS</b> DUE TO, OR A	RTASIC + LOCAL	UTERUS	
CERTIFICATION  OLD  GIOLO  CEN O	ISEASES COSE IN THE RESIDENCE OF CONTRIBU	plication which caused ANTECEDENT CAUSE: OR CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 119B. COI	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) WE TAS  DUE TO, OR A  (C) CARC  WHICH OPERATION  D. PLACE OF INJURY (e.g., ne, form, foctory, street,	STASIC + LOCAL S A CONSEQUENCE OF: LIND MA. OF	No) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSID
ICAL CERTIFICATION	ISEASES COSE IN THE RESIDENCE OF CONTRIBU	Plication which caused ANTECEDENT CAUSE:  OR CONDITIONS, if above cause (A) CONDITION lost.  Il CANT CONDITION S COMBINED TO SELECT TO S	any, giving stating the STATE	(B) THE TAS  DUE TO, OR A  (C) CARC  WHICH OPERATION  DEPLACE OF INJURY (e.g., ne, form, foctory, street, or any foctory).  INJURY OCCURRED Not While At Not Wh	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR	No) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSID CAUSES OF DEATH?
ICAL CERTIFICATION	ISEASES Cose to the NDERLYING  THER SIGNIF  THE DEAT  SEASE OR COA-DATE OF  A. ACCIDEN  A. ACCIDEN  CONTRIBLE  ATH (notify  D. TIME  F INJURY  (PPROX.)	Plication which caused NTECEDENT CAUSE:  OR CONDITIONS, if abave cause (A) CONDITION last.  I CANT CONDITION SCOTT CONDITION GIVEN IN PARTION GIVEN IN PARTION GIVEN IN PARTION GIVEN IN PARTICULAR CAUSE OF MEDICAL CAUSE OF MEDIC	any, giving stating the STATE	(B) WE TANDUE TO, OR A COLOR OF TO THE TO, OR A COLOR OF TO THE TO THE TOTAL OF THE	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR	No) 20B, IF YES, WE IN CERTIFYING	ERE FINDINGS CONSID CAUSES OF DEATH?
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MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	ISEASES COSE IN THE RESIGNIFO THE DEAT SEASE OR CA. DATE OF  A. ACCIDEN R. CONTRIBUEATH (notify)  D. TIME F INJURY (PPROX.)  2. I certify (1) (we)	Plication which caused ANTECEDENT CAUSE:  OR CONDITIONS, if abave cause (A) CONDITION lost.  I CANTECONDITION SCOTT CONDITION STATE OF CAUSE OF CAU	any, giving stating the Statin	(B) THE TAN DUE TO, OR A (C) CARC WHICH OPERATION  A PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, foctory, ne, foctory, ne, foctory, ne, foctory, ne, foct	20A. AUTOPSY? (Yes or injury occur)  21F. HOW DID	No) 20B. IF YES, WE IN CERTIFYING  (If in Balti INJURY OCCUR?	ERE FINDINGS CONSID CAUSES OF DEATH?
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	ISEASES COSE IN THE RESIGNIFO THE DEAT SEASE OR CA. DATE OF  A. ACCIDEN R. CONTRIBUEATH (notify)  D. TIME F INJURY (PPROX.)  2. I certify (1) (we)	plication which caused ANTECEDENT CAUSE: ANTECEDENT CAUSE: OR CONDITIONS, if abave cause (A) CONDITION lost.  Il CANT CONDITION S CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. CO WAS PEI  IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that (1) (this haspite last sow the deceos	any, giving stating the Statin	WHICH OPERATION  L. PLACE OF INJURY (e.g., ne, form, foctory, street, or the deceased fram	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR	No) 20B. IF YES, WE IN CERTIFYING  (If in Balti INJURY OCCUR?  that in (my) (our) the	ERE FINDINGS CONSID CAUSES OF DEATH?  imore City, give exact lo  population death occur
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	ISEASES COSE IN THE RESIGNIF DO THE DEAT SEASE OR CONTRIBUTE A. ACCIDENT R. CONTRIBUTE ATH (notify PPROX.)  2. I certify not (I) (we) and hour and	plication which caused ANTECEDENT CAUSE: ANTECEDENT CAUSE: OR CONDITIONS, if abave cause (A) CONDITION lost.  Il CANT CONDITION S CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. CO WAS PEI  IT WAS UNDERLYING TING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that (1) (this haspite last sow the deceos	any, giving stating the Statin	(B) WETAS DUE TO, OR A  (C) CARC  WHICH OPERATION  DEPLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, foctory, n	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bldg., DISTRICT HOW DID willed to the control of the	No) 20B. IF YES, WE IN CERTIFYING  (If in Balti INJURY OCCUR?	ERE FINDINGS CONSID CAUSES OF DEATH?  imore City, give exact lo
MEDICAL CERTIFICATION  O 0 121  O 0 121  O 0 121  The or o 122  The or o 23	ISEASES COSE IN THE RESIGNIF DO THE DEAT SEASE OR CONTRIBUTE A. ACCIDENT R. CONTRIBUTE ATH (notify PPROX.)  2. I certify not (I) (we) and hour and	plication which caused ANTECEDENT CAUSE:  ANTECEDENT CAUSE:  R CONDITIONS, if abave cause (A) CONDITION last.  11  CANT CONDITION LAST.  CANT CONDITION S CONDITION GIVEN IN PA CONDITION GIVEN IN PA CONDITION GIVEN IN PA CONDITION GIVEN IN PA CONDITION (Mas Pei Cause Of Mas Pei	any, giving stating the DNTRIBUTING THE TERMINAL ART 1 (A). NOTITION FOR TRORMED 21E Whometo.	(B) TETAS DUE TO, OR A  (C) CARC  WHICH OPERATION  DESCRIPTION  C. PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, form, foctory, street, ne, foctory, street, ne, foctory, ne, foctory, ne, foctory, ne, foctory, ne, foctory, ne, foctory, ne	20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR)  21F. HOW DID  21F. Ho	No) 20B. IF YES, WE IN CERTIFYING  (If in Balti INJURY OCCUR?  that in (my) (our) the	ERE FINDINGS CONSID CAUSES OF DEATH?  imore City, give exact lo  population death occur
WEDICAL CERTIFICATION  O 0 121  O 0 10 10 10 10 10 10 10 10 10 10 10 10 1	ISEASES COSE to the NDERLYING  THER SIGNIF DO THE DEAT SEASE OR CONTRIBLE ATH (notify PPROX.)  P. I certify not (I) (we) and hour and A. SIGNATU C. PHYSICIA	Plication which caused NTECEDENT CAUSE:  OR CONDITIONS, if abave cause (A) CONDITION last.  II CANT CONDITION SCOTT CONDITION GIVEN IN PARTITION GIVEN IN PARTITION GIVEN IN PARTITION GOVERNMENT (Month) (Day) (Year)  IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (this haspite last sow the deceosed from the causes store RE	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR TERMED 21B hometc.  (Hour) 21E Who would attended the dalive on attendation of the dalive of the d	(B) TOTAL  (B) DUE TO, OR A  (C) CARC  WHICH OPERATION  A PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, form, foctory, ne, foct	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR  21F. HOW DID will be and view the body ofter death of the body of the death of the body of the bo	No) 20B. IF YES, WE IN CERTIFYING  (If in Balti INJURY OCCUR?  that in (my) (our) the	ere findings consider the constant of the cons

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12 MARRIE BENT 17 89-82-7

WOTERSTRAM DRIVETERS

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74-16-5 W

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VS 150-REV. 1/1/6B

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CERTIFICATION APPROVED BY

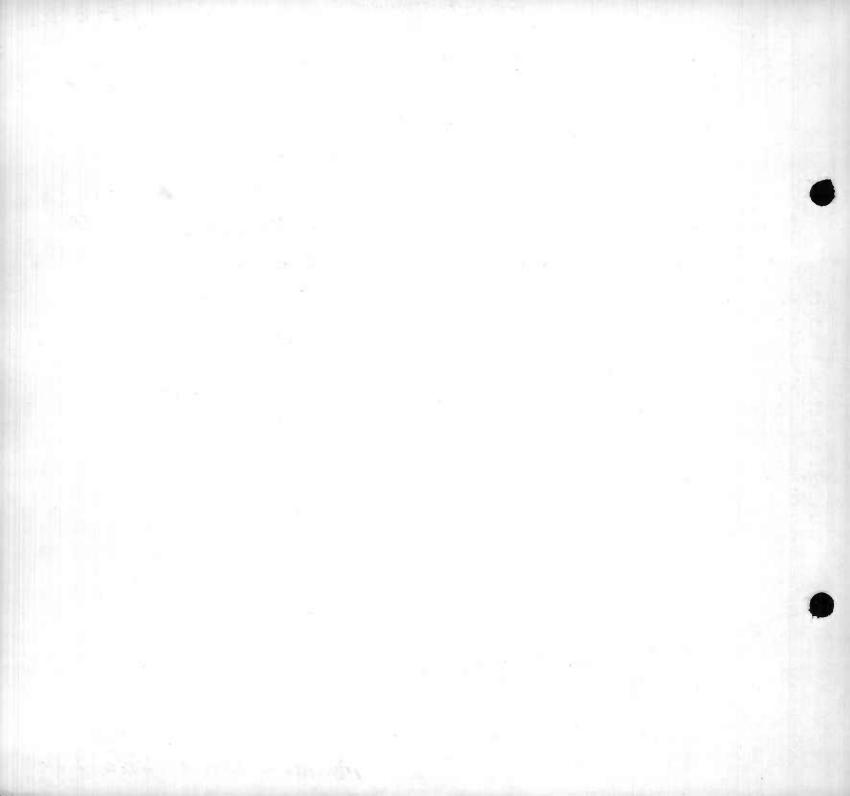
M. D. WEDICAL EXAMINER.

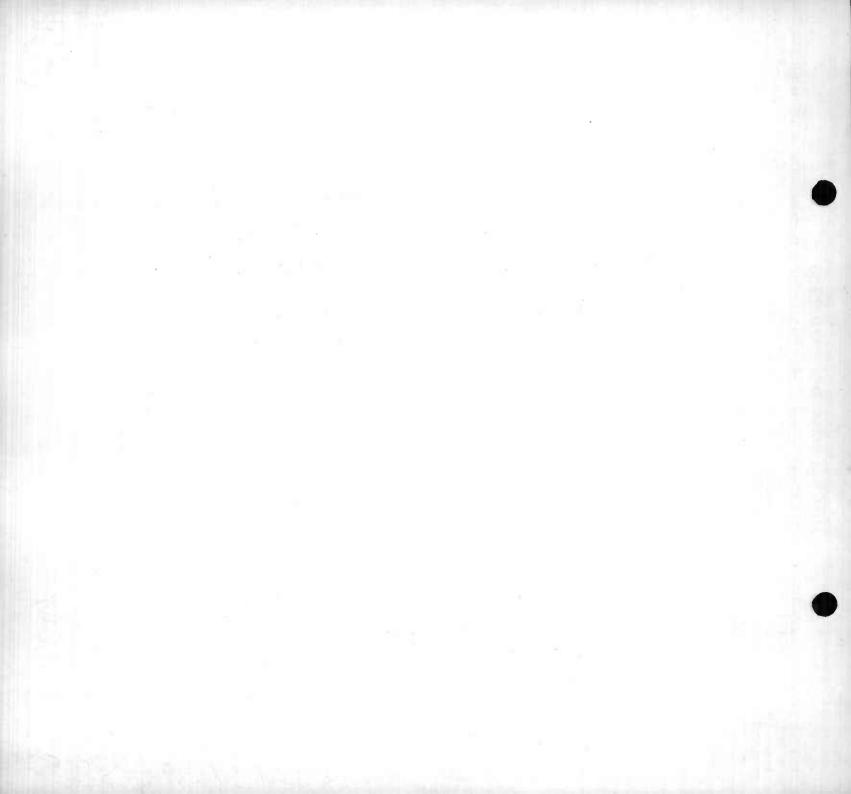
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

-	- 2//	BALTIMORE CITY	HEALTH DEPARTMENT		68-2322				
BIE	11 NO. 68- 6	322 CERTIFICA	TE OF DEATH	REG. NO	oo work				
1, 1	NAME OF DECEASED BERTHA	L. FOGLE	2. DATE AN	26-68	4,55 Am				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When		itution: residence before admission)				
H	DEL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION Litheran Hospital	STITUTION, GIVE STREET	C. CITY OR TOWN BALTO  E. STREET AND NUMBER	D. INSID	E CITY LIMITS NO DE VES NO				
<u> </u>	SEX G. RACE 7. MADD		8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.				
1	eusle Megro WIDO	WED DIVORCED	1-26-4-6	last birthday 22	Months Doys Hours Min.				
	No during most of working life, even if retired)	— OF BUSINESS OK INDUSTRY	BALLS MAR	y Land	12. CITIZEN OF WHAT COUNTRY?				
13.	Arthur Fogle		14. MOTHER'S MAIDEN NAM	A Foyla					
	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) (If yes, give war or dates of serv	16. SOCIAL SECURITY NO. 212-44-9399	Alberta F	GLE-8:	32 Allendale St				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This daes nat meen the made of dying, heart failure, asthenia, etc. It means the distinity or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the abave cause (A) stating UNDERLYING CONDITION last.	ving (B) DUE TO, OR AS	SE Bronchop CONSEQUENCE OF:	nemuoi Ponetriti	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 Jay 8 Jay 9				
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI- DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION		20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED				
CERTIFIC	WAS PERFORMED		· Jes	IN CERTIFYING CAUS	SES OF DEATH?				
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21C. WHERE DID	(If in Boldmore	City, give exact location)				
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While At Work	21F. HOW DID INJ	URY OCCUR?					
	22. I certify that (1) (this haspital) attended the deceased from 2-26-1968 to 2-26-1968, that (1) (we) last saw the deceased alive an 2-26-1968 and that in(my) (aur) apinion death accurred an the date								
	and haur and fram the causes stated abay  23A. SIGNATURE  WALL  P3C. HYSICIAN'S NAME (Type)	avez accree Phys		Shoff X	23B. DATE SIGNED 2-26-68				
24/	A. BURIAL CREMATION. 24B. DATE 24	C. NAME of CEMETERY OF CRE	- 1 0	OCATION (City,	(Stote)				
25/	ByRIA ( 3/1/68	Albutus Mo	25C. FUNERAL DIRECTOR	Atto. Co.	Md.				
1	150-85V 1/1/68	Application	KYARSHAII W.	JUNES IR.	HAKFURD AVE				

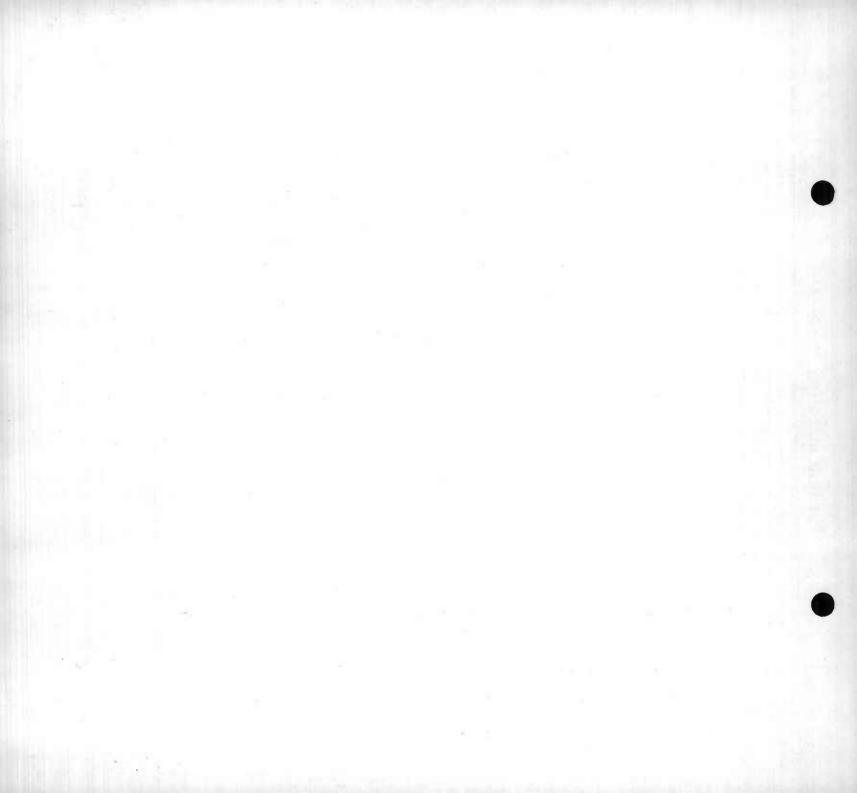




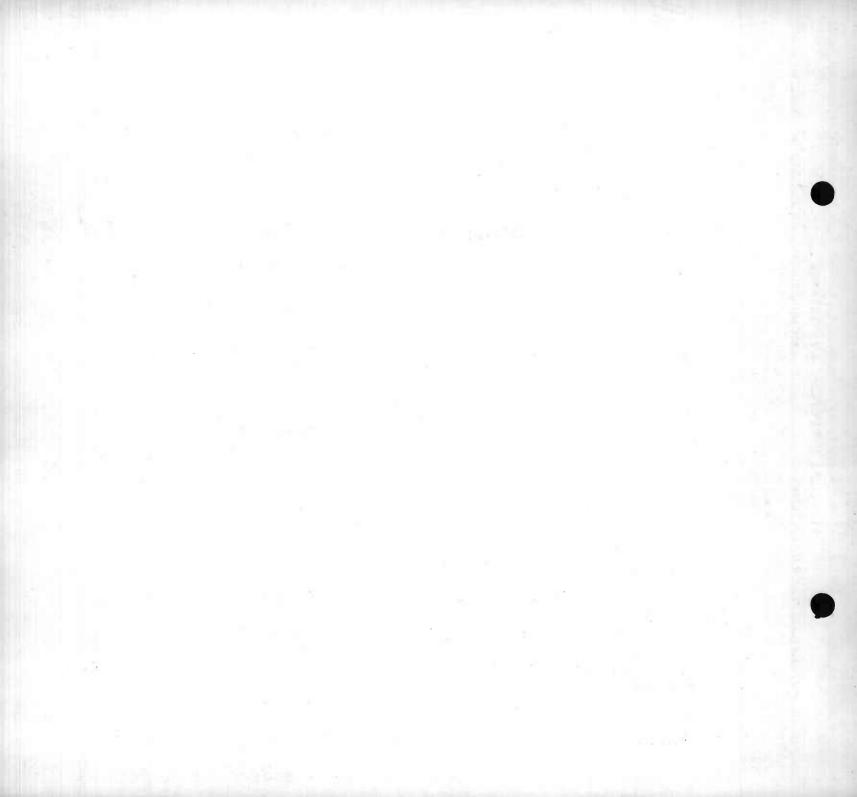
USUAL RESIDENCE (Where deceased lived, If Institution; residence before admission D. INSIDE CITY LIMITS? If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 1SA ADDRESS BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (aur) opinion death accurred an the date 23B. DATE SIGNED (City, town, or county) (Stote) was ADDRESS VS 150-REV. 1/1/68

Motorial marcial family fraken . Hoste Emporance francis, is been

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 600 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission D. INSIDE CITY LIMITS YES NO E STREET AND NUMBER In ann 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours lost birthdoy 11. CIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Barnwell 14. MOTHER'S MAIDEN NAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HEUMATOID A RHEUMATIC RTERIOSCLEROSIS 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that in(my) <del>(our)</del> apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23B. DATE SIGNED Staff Phys. EB. 68 Director L ONROE 24D. LOCATION (City, town, or county) 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/6B



11:011		HEALTH DEPARTMENT		68- 2326
H-616 68-23	CERTIFICA	TE OF DEATH	REG. NO	30 2020
BIRTH NO.	CLIVIII ICA			
1. NAME OF DECEASED (Type or Print)			HOUR OF DEATH	8.40
Edward to Ha	nper		168	, , , , , , , , , , , , , , , , , , ,
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONGUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	nstitution: residence before (udmission)
FILL NAME OF THE NOTING HOOMEN OF HE	ACCURATE CONTRACTOR	MI		22-01
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN	0 1016	IDE CITY LIMITED TO
NOTITUTION	1) and al	D (.)	D. INS	IDE CITY LIMITS?
South Baltimore General	Hospital	Dalto,		YES NO
1213 Light 34;	0 1	E. STREET AND NUMBER	,	
Baltimore.	I'ld.	1434 J. H	anover	54.
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
male White widow	WED DIVORCED	11/18/1891	7 0	Willias Days Hours Willia
OA. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				1100.4 2227
Seaman St	TIDDING	Kina+Queen	Co. Va	USUL LINE
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE ,	
R 1 - 1 - 11		7-11 1	-	
COPERT L. Harpy	26	FIIa Vi	Tones	Va.
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		1/2 - 10/6	. ]	
18.// / 2 /	CAUSE OF DEAT	1703p 1741 1421	coru	APPROXIMATE INTERVAL
7/3/1/	onder or benti	^		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Constant 11.	monthage	
(This does not mean the mode of dying,	(A) IMMEDIATE CAL		mennage	
heart loilure, asthenia, etc. It means the dise	e.g., DUE TO, OR A5	A CONSEQUENCE OF:	/	
injury or complication which coused deoth.)	4			
ANTECEDENT CAUSES	as AS	CVD		
DISEASES OR CONDITIONS, il ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting		+. Prummy	4	
UNDERLYING CONDITION lost.	(c) / July	y. O morriana	<u> </u>	
422,1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION I		.No	IN CERTIFYING CA	USES OF DEATH?
	218, PLACE OF INJURY (e.g., i	or obout 21C, WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii boliiiio	e City, give exoct location;
U	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
₹ (APPROX.)	While At Not While			
	Work At Work			
22. I certify that (I) (this haspital) attend	led the deceased fram	2/19 1	9 <u>68</u> ta 2	127 19 68
that (1) (w) last saw the deceased alive	an 2/27	19 68 and the	t In (my) (aun) api	inlan death accurred an the date
and haur and from the causes stated above	(a) (I) (Wa) (Fig. (did not)			
23A. SIGNATURE	ves (1) (we) (did) (did ildi) v	iew the bady differ death.		DATE SIGNED
	Among A Among Amon	nding D Med D		23B. DATE SIGNED
Monald M. a		nding Med.	toff D	2/27/16
	NOOD MD DEGREE Phys	. Director 🗀 🛚	Phys.	10/1/68
23C. PHYSICIAN'S		Director L 1	nys. A	7-1/68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	von G	4050
23C.PHYSICIAM'S NAME (Type) DONALD M. WOO	D M.D. OEGREE	SOUTH PA	KTO 60	N. HOSP.
23C. PHYSICIAM'S NAME (Type) DONALD M. WOO	D Na D	SOUTH PA	KTO GG	N_ FLOSP, ity, town, or county) (Stote)
23C. PHYSICIAN'S NAME (Type)  DO NACD  24A. BURIAL CREMATION, 124B. DATE  124	D M.D. DEGREE	SOUTH PA	KTO GG	
23C. PHYSICIAN'S NAME (Type)  DONALD M. WOO  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 3/2/68	D M.D. DEGREE  JC.NAME of CEMETERY OF CRE  Smytha Chtis	SOUTH PH MATORY Len Cem, King	KTO 60	Co., Va
23C. PHYSICIAN'S NAME (Type)  DONALD  24A. BURIAL CRAATION, 24B. DATE REMOVAL (Specify)  BULICE  25A. DATE REC'D BY HEALTH DEPT.  25B. NA  25B. NA	D M.D. DEGREE	SOUTH PA MATORY Len Cem, King 25C. FUNERAL DIRECTOR	CATION CO	Co., Va
23C. PHYSICIAN'S NAME (Type)  DONALD M. WOO'  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BUFICE 1 3/2/68	D M.D. DEGREE  JC.NAME of CEMETERY OF CRE  Smytha Chtis	SOUTH PH MATORY Len Cem, King	CATION CO	Co., Va



IMPORTANT

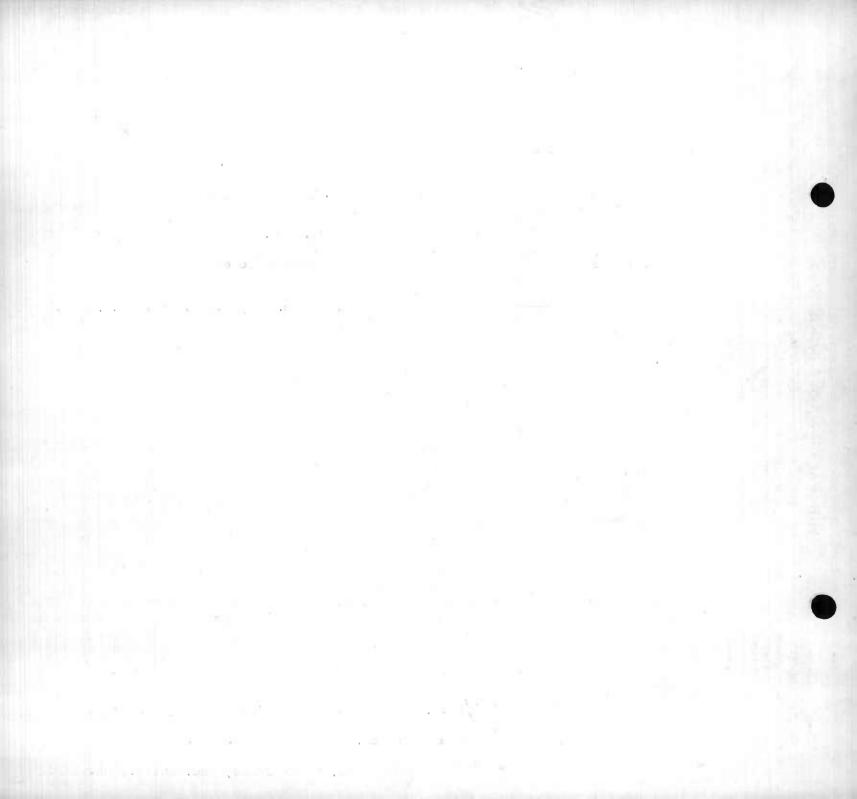
DIRECTOR:

FUNERAL

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If Under 24 Hrs.

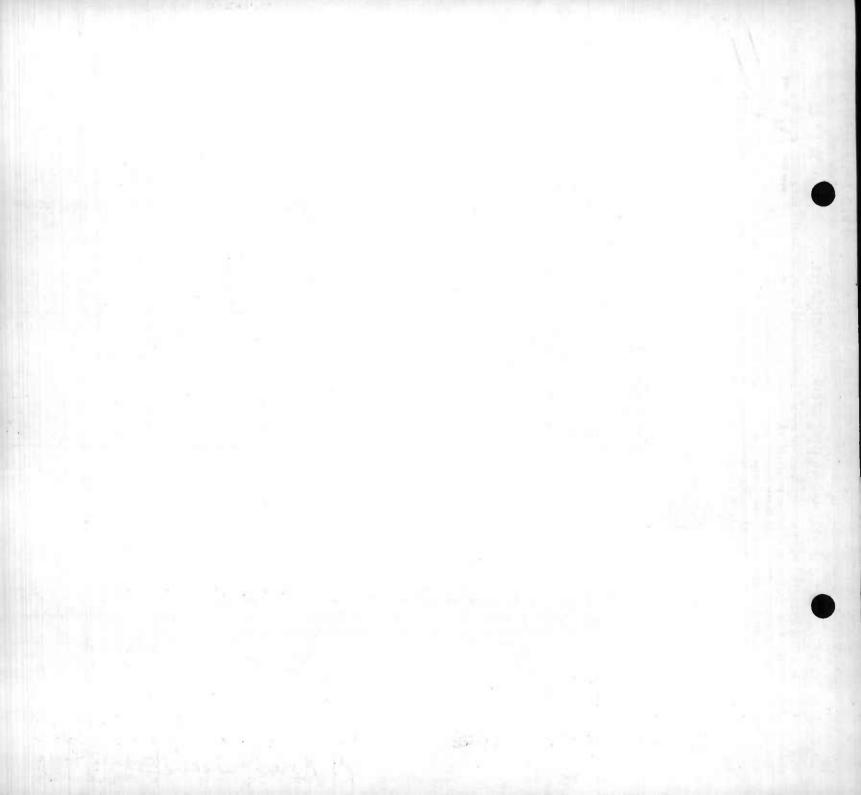
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15. ( Juny 13. 3.

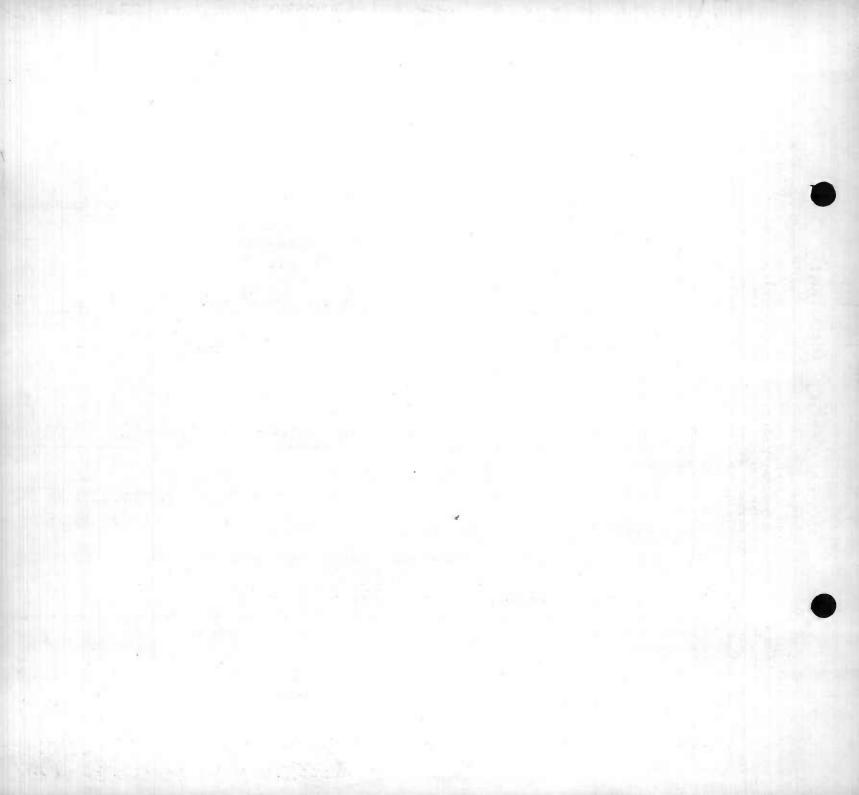
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

# -5-24 CS DOOD BALTIMORE CITY HEALTH DEPARTMENT
68- 2329 CERTIFICATE OF DEATH REG. NO. 68- 2329
I, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
(Type or Print) AUSTIN REESE ENGLE 2-28-68 7: 30 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARULAND
HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
BALTIMORE YES NO 2
FRANKLIN SQUARE HOSPITAL E. STREET AND NUMBER 2901 MAISEL ST. 25
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years & 8 If Under 1 Yr. It Under 24   lost bipshday)   Mantha: Doys   Hours   Mir
WIDOWED DIVORCED X 4-1-99 69
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY 11, BIRTHPLACE (Stole or foreign country)
" WATCHMAN WEST VIRGINIA USA
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
NOAH ENGLE FANNE HINES
S. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give wor at dates of service)  16. SOCIAL  SECURITY NO.
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. UNKNOWN FRANKLIN SOUGHT HESPY 701
18. 4 1 2 1 APPROXIMATE INTERV.
DISEASE OF CONDITION DIRECTLY
LEADING TO DEATH (A) IMMEDIATE CAUSE arternasaleration kines
(This does not mean the made at dying, e.g., heart foilure, asthenio, etc. It means the disease,
injury or complication which coused death.)
ANTECEDENT CAUSES (B) Cerefral Embalism
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) slating the UNDERLYING CONDITION tast. (C)
O THER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  disease or condition given in Part + (a).
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A, AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)   NJURY OCCUR?   etc.)  DEATH (notify medical examiner)
21D-TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY
Work At Work
22. I certify that (1) (this hospital) attended the deceased from 77260 1965 to 2-8 196
that (1) (we) lost saw the deceased alive on 2 19 6 ond that in (my) (our) opinion death occurred on the
ond hour ond from the couses stated above. (1) (We) (did) (dld not) view the bady ofter deoth.
23A. SIGNATURE
Trucken V. France Phys. Attending Med. Director Phys. 2 - 28 - 60
23C. PHYSICIAN'S [23D. ADDRESS]
NAME RUBEN V. LUNA MD PRANKLIN SOUME HOSPI TA
24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMATORY   24D. LOCATION (City. town, or county) (Stoy
BAMOVal (Specify) 2/28/68 Will Centelin Jestoren Country Clest C
25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR 125B FUNERAL DIRECTOR 1
FEB 28 1968 P. O. B E, Fallyman At MANNY Cachles Housens Tolly
I TANK TOWN TOWN TOWN TOWN



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death	
Total Care and Control Control of the Allendary	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Becassed with the contribution with any other properties of the case of	shows: (1) An accident of any nature; (2) Body burn

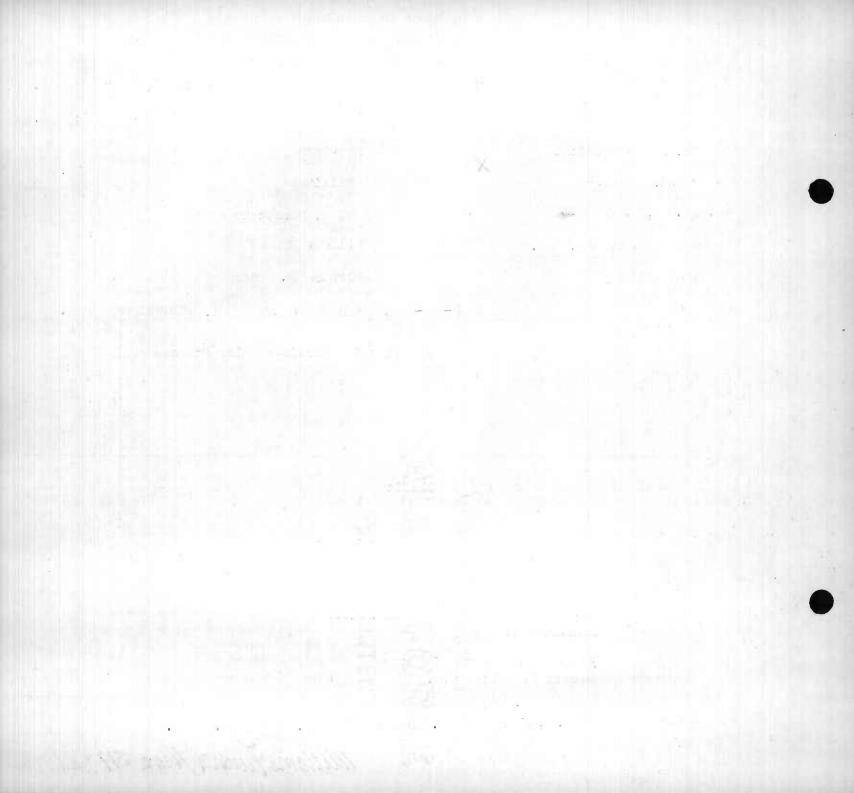
14-435	BALTIMORE CITY	HEALTH DEPARTMENT	. 68- 2330
1 1.1.1.1.1.1.68- 23	330 CERTIFICA	TE OF DEATH REG. NO	0
INAME OF DECEASED		2. DATE AND HOUR OF D	EATH
(Type or Print) Marsha Ann	Holton	February	Am into it a m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	d. If institution: residence before admission)
		00 1 00 1	00011
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)			INSIDE CITY LIMITS?
INSTITUTION SINA'I HOSPITAL O	it Baltimore	Kensinaton	YES NO
1/3 -		E. STREET AND NUMBER	Д
# Baltimore, md	" YP1)	10423 Fawcett 5	t.
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	s If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
S WIDOW	ED DIVORCED	Nov. 14 1967	3 8
10A. USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
done during most af working life, even if retired)	1012	District of Columb	12 11.5 A.
13. FATHER'S NAME	10116	14. MOTHER'S MAIDEN NAME	10 113.11.
Robert Holton		Phyllis Hess	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,na arunknown) (If yes, give war ar dates af service)	1 6. SOCIAL	17. INFORMANT	ADDRESS
		Happy Hills Hospital	1708 W. Rogers Ave.
118. 2 // 0 /	CAUSE OF DEAT		APPROXIMATE INTERVAL
174			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			terest 10 min.
(This daes not mean the made of dying,		A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disection injury or camplication which caused death.)	se,		
ANTECEDENT CAUSES	Inc	reasing Intracranial	Prosecus lifeting
	(B)	A CONSEQUENCE OF:	163116 MILLIAM
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION tast.		1 1 1	rocephalys lifetime
フィークソ II	(-/		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG WARNING A	11 1	I amper lifet:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL MENINGOENCE	phalocele, occipital 4 meningor	whelocels
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in Be	altimare City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factary, street, o etc.)	ffice bldg., INJURY OCCUR?	
	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY (APPROX.)	While At Not While	e 🗖	
	Work At Wark	December 13 19 67 10	50h 50 00 10
22. I certify that (I) (this haspital) attended	- A Company &	and a minute view mass and a second of the s	FEDRNARY 22 19 68.
that (I) (we) last saw the deceased alive of			r) apinian death accurred an the date
and haur and fram the causes stated above	(1)(We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE			238, DATE SIGNED
Alla Mart	DEGREE Phy	nding Med. Staff Stoff Phys.	feb 22 1968
23C. PHYSICIAM'S NAME Type		23D. ADDRESS	
Milan T Monto	. a. m h s,	Happy Hills Hospital,	1708 W. Rugers Hve.
24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or caunty) (State)
REMOVAL (Specify)	7. 111 1	- P 11 +1	10 70
Durial dolf-686	enge Klash	ratur (em / Syall.	enelle Med
	NE OF REGISTRAR	25C. PUNERAL DIRECTOR	ADDRESS Sal
VS 150-REV. 1/1/68	Jane MA	" Killell Blende	Acon frame My



A-632 68

V.	MOTO	ROOL	BALTIMORE CITY HEALTH DEPARTMENT	

MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 2331
IRTH NO.		KEG. NO	
NAME OF DECEASED  VALUE OF Print DeceaseD  LOUISE	ARTIS	2. DATE Known X Month Day OF Estimoted February 27,	Year Hour 1968 2:20 A.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INST OSPITAL ADDRESS OR LOCATION)	TITUTION, GIVE STREET		968 2:20 A.M.
St. Agnes Hospital		5. USUAL RESIDENCE (Where deceosed lived, If institution: A. STATE B. COUNTY Maryland	residence before odmission)
	IED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y HIMUS?
female negro widow			NO [
ug •19,1920 10. AGE (In yeors last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	62 S. Monastery Avenue	
Northampton Co. Va.	WHAT COUNTRY?	William Epps	
A.USUAL OCCUPATION (Give kind of work 14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
Housewife  Housewife		Georgia B. Epps	
es, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Bennie Artis 62 S. Monas	DRESS
19. /// 2	CAUSE OF DEAT	TH OF THE PROPERTY OF THE PROP	
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	Hyperte	ensive Cardiovascular Disease	
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR A	AS A CONSEQUENCE OF:	3 B B B B B B B B B B B B B B B B B B B
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B)	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	(C)		, a 444-440
443X II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL OL	<i>}</i>	
20A. DATE OF OPERATION 20B. CONDITION	- J		21. AUTOPSY? (Yes or No)
		Sales and the sales and the sales are	Yes
UNDERLYING OR CONTRIB-	22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give exoce bldg., etc.) INJURY OCCUR?	t locotion)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hounds INJURY)	r) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.)	m. WHILE AT NOT AT W	WHILE ORK	
23.  I certify that I held on Inquiry	Inspection Au	topsy 🔀 ond that on this bosis, deoth in my o	pinion
resulted from: Natural couses	Accident Suicid		
1	0-	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE William 1 -	M.D	ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Werner U. SINAME (Type)	Ltz, M.D.	ASSOCIATE MEDICAL EXAMINER	2/27/68
4A. BURIAL CREMATION, 24B. DATE EMOVAL (Specify)	2 C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
Burial   Mar.1,1968			
FEB 28 1968 R.L. 6	AME OF REGISTRAR	25g. FUNERAL DIRECTOR AD	319 Halinah
S 151-REV. 1/1/68			The state of the s



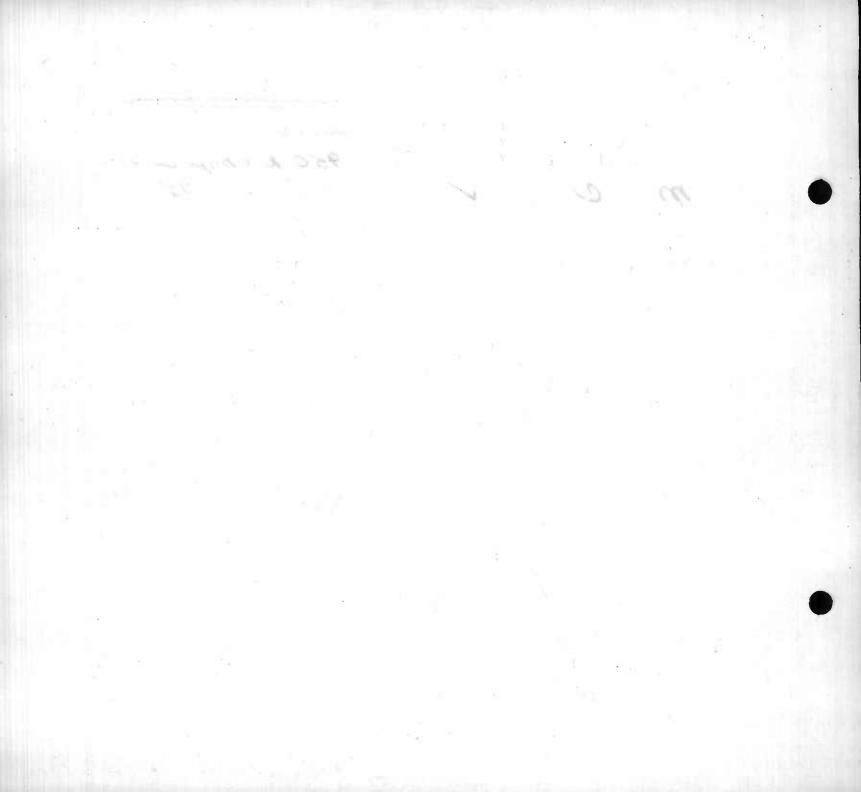
M-620	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2332
BIRTH NO. 68-2332	CERTIFICA	TE OF DEATH	Registered Na	00 2002
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	7.1.0		ID HOUR OF DEATH	0 . 6 150 m
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	DUSE	4. USUAL RESIDENCE (Whe	re deceosed lived. Il insti	itution: residence before admission)
		A, STATE B. COUN	(m//)	
FULL NAME OF (If not in hospital or institution, give hospital OR oddress or location)	street	C. CITY OR TOWN (If ou	tside city limits, write RU	RAI and give Marship
INSTITUTION	+11	BALTIM	1910=	13-04
O VINIAI HOSPI	IAL	D. STREET ADDRESS, ATT	rurol, give location)	6
0/10/11		1/2/V.C.	ARROLLT.	on sol
5. SEX 6. RACE 7. MARRIED, NEW WIDDWED D	VER MARRIED IVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost bidhday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
P AU		10-8-77	70	
toA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	ign country)	12, CITIZEN OF WHAT COUNTRY?
Domestic		BANNASKII	ch Co. Vo.	
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Altred Stanbart		Ellen B	enttand	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	SOCIAL	17. INFORMANT	014/014	ADDRESS
n/e	SECURITY NO.	SYRIE MAN	e 119 1/1	sunalltan Ave.
18. 1/2 ( ) 1	CAUSE O	F DEATH	3/1/2/11/0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	/	1 - 2-2-11 /	1/2	ONSET AND DEATH
LEADING TO DEATH	(A)	EKEDRAL F	TEMBIRRHAGY	E 3 WAYS
(This does not meen the mode of dying, e.g., heart failure, osthenio, etc. II meens the discose,	DUE TO			
injury ar camplication which caused death.)	In CEA	EBROWA SCUL A	R DISFASES	7
ANTECEDENT CAUSES	DUE TO	11	for Landkin lake	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)	HIPERTEN	SION	
UNDERLYING CONDITION Iosi.		000 n m n n m n m n m n n n n n n n n n	***************************************	
z 931X II	1		1 1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	Dente	romun e	Col Ann	manusm?
	CH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHITE			IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA		or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct location)
DEATH (notily medical examiner)	,,			
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.) While A	Not While		0	
22. I certify that (1) (this hospital) attended the d	eceased from	Ich 18	19 6 to te	10 25 19 Get
that (1) (we) last saw the deceased alive an	Telo 24	1		an death accurred an the date
and have and from the causes stated above. (1).(1)	(e) (did) (did nat) v			
23A. SYGNATURE			12	23B. DATE SIGNED
allent 1	M.D. Atte	nding Med. Director	Stoff Phys.	2/25/68
23C.PHYS(CIAN'S NAME (Type)	4	23D. ADDRESS	11	1 100
FLAN F. MOLE	M.D.	0/0/	INAI HOSD	VIAC
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CENTETERY or GRE	MATORY / 24D, L	OCATION (City	(State)
Bull NV 9 190/10/8 (VI)	Will Man	whirl But	bullet &	116
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. PUNERALI DIRECTOR	I www	ADDRESS /
FEB 28 1968 Robert E. Farley	MA	Williams Tun	enalthone 3	1981 ACKNOWNEL LO
VS 150-REV. 1/1/65		THUNDHU INVIN	min porture)	111 MANNAMINA

06 66-8-01 Ruestic BriEnsmith Co. He. Mired Stanback Ellew Bentlerd Susie Mays 1124 Cornellter Are Commence of the Commence of th THE THE WASHINGTON TO SHEET THE THE TANK THE TAN Horse in Sum a transfer of the section Survey Skephis Unladies Himmed Rick Unladies Hill विद्यीतंत्रका निकारकारी विकास अवस्थित

VS 151-REV, 1/1/68

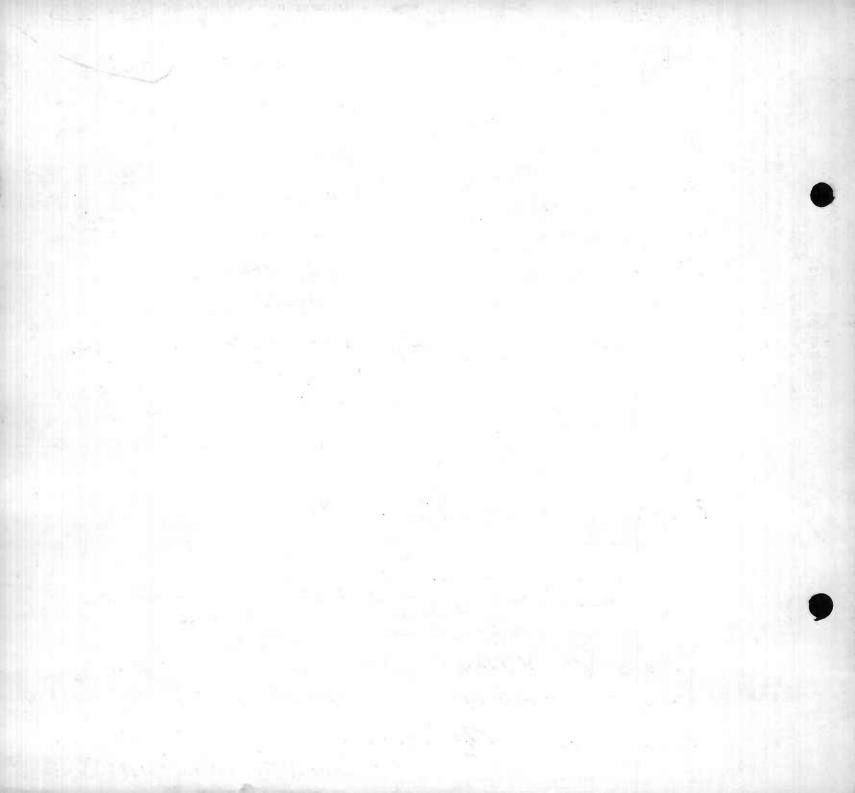
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C-600 68-2	DO A BALTIMORE CIT	Y HEALTH DEPARTMENT		9- 9224
C-600 68-2	CERTIFICA	TE OF DEATH	REG. NO.	8-2334
BIRTH NO.	CERTITICA			
1. NAME OF DECEASED (Type or Print)		2. DATE AN	ID HOUR OF DEATH	- 20 1
Tohn Cunnil		2	125/08	15 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When		titution: residence before admission)
		A. STATE B. COUN	mar	veand 1
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	2000	THE DESCRIPTION OF THE PARTY OF	
INSTITUTION		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
THE JOHNS HOPKI	NS HOSPITAL	Bacto.		YES AND
601 N. BROADWAY		E. STREET AND NUMBER		
BALTIMORE, MARY		000 11	11- 1	C7
		8. DATE OF BIRTH	9. AGE to veors	If Under 1 Yr., If Under 24 Hrs.
n and a second	RIED NEVER MARRIED		lost birthdoy	Months Doys Hours Min.
m ( ) wido	WED DIVORCED	1700/94	13	
10A, USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				U.S.A.
Unemp.		Va.		0.0.7.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CURRY, ERNEST		BASS, LULA	A	
	3 / 22 - 11	17 1150014 115		ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		0 10		
118// 12/ 1	CAUSE OF DEA	H KELEYAS		APPROXIMATE INTERVAL
786X	CAOSE OF DEA			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0 110		1 - 11
	(A) IMMEDIATE CA	A CONSEQUENCE OF	umoma	Tweell
(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	Diffe	Chromi Li	Divers.	
DISTASES OF CONDITIONS 'S	(B) OP A	s a CONSEQUENCE OF:	014000	
DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF.		
UNDERLYING CONDITION lost.	(c)			
1624 11				
Z TYSA II	244			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	1 200 IF WEE LUEBE E	NIDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSTYTIES OF INC	IN CERTIFYING CAU	INDINGS CONSIDERED
198. CONDITION WAS PERFORMED		y & S		
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	Since Blogs, Histori Geesk.		
2		215 112111 212 111	LIAN O GELLING	
W OF IN ILLEY	21 E. INJURY OCCURRED	21F. HOW DID INJ	URT OCCUR!	
(APPROX.)	While At Work At Work			
			19 (8 to C	124- 108
22. I certify that (1) (this hyspital) attend	led the deceased fram	-(5)0	19 (d) to C	f
that (1) (we) last saw the deceased olive	on 405	19 <u>(a )</u> and th	at in (my) (aut) opln	ion death occurred on the date
and hour and fram the causes stated aba	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	(1, ()), (1), (1)		1	238, DATE SIGNED
2	1/	ending Med.	Shaft	2/2-/10/
demul, Stent	MD DEGREE Ph	ys. Director	Phys.	0/4/68
23C.PHYSICIAN'S	1	23D. ADDRESS	7/	3/
NAME (THE NRY R.	SLACK MI)	1 her	Il soli.	de
1/0' / 10.1	DEGRE	10 100 J	1 often	Thox
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF C	REMATORY 240. L	OCATION (Cit	y, townfor county) (Stote)
Buis Flooled	mb link	GM/ Ganas	11) entras	t ml
25A DATE SECO BY HEALTH DEEX A TOP NO	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7/20 0	ADDRESS
25A. DATE REC'D BY HEALTH DET. 288. NO.	TO JEEPEN	230. TOTTERAL DIRECTOR	1 60	100000
		pull rol	letterne /	77 11. CANTENEST
VS 150-REV. 1/1/68		1)		



FUNERAL DIRECTOR: IMPORTANT

11)-425	68- 2335
CERTIFICATE OF DEATH	00 14000
NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
Type of 18" M WILSON 2-26-68 1:	30 PM.
	stitution: residence before admi
ALL DATE OF THE PARTY OF THE PA	purrolly, 630
HOSPITAL OR ADDRESS OR LOCATION)	DE CITY LIMITS?
UNIVERSITY HOSPITAL JUSSUP	YES NO
BALTIMORIZ MO. E. STREET AND NUMBER	
Box 253.	
6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours N
M N WIDOWED DIVORCED $ 8-28-/2 $	
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) lone during most of working life, even if retired)	12. CITIZEN OF WHAT COL
CRMENT WORKER! SOUTH CAROLINA	USA.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TOM WISON ROSE GARMON	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service)  UNKNOWN.  CHART.	
IB. CAUSE OF DEATH	APPROXIMATE INTER
/00/	BETWEEN ONSET AND
LEADING TO DEATH  (A) IMMEDIATE CAUSE  SEPTACEMIA	6 his.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury ar complication which caused death.)	
ANTECEDENT CAUSES DOBLE MANDET IS	/ MA . A
IN PIURUI (ONII ) 3	5 DAYS.
DISEASES OR CONDITIONS, if any, giving  (B) Professional Consequence of:	S DAYS.
rise to the above cause (A) stating the	3 DAYS.
rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)	3 DAYS.
rise to the abave cause (A) stating the UNDERLYING CONDITION tast. (c)	3 DAYS.
rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)	3 DAYS.
rise to the abave cause (A) stating the UNDERLYING CONDITION tast. (C)	FINDINGS CONSIDERED USES OF DEATH?
rise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)  Other Significant Conditions Contributing to the Terminal Disease or Condition Given in Part 1 (A).  19 A. Date of Operation  19 B. Condition for which Operation  20 A. Autopsy? (Yes or No)  20 A. Autopsy? (Yes or No)  20 A. Autopsy? (Yes or No)  Was Performed Automat alian to the Certifying Cal	
rise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  190. Date of operation 198. Condition for which operation was performed was performed for the distance of the performance of the perf	FINDINGS CONSIDERED USES OF DEATH?
itise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)	
rise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED.  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Not CERTIFYING CAL 21D. TIME (Month) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
rise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)	e City, give exact location
tise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)	e City, give exact location
rise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)	e City, give exact location)
rise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)	e City, give exact location)
tise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)	e City, give exact location
tise to the abave cause (A) stating the UNDERLYING CONDITION last.  (C)	e City, give exact location)  26-65  19  nian death occurred an the
TISE TO THE BOUNDERLYING CONDITION last.  (C)    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    PART   DISEASE OR CONDITION GIVEN GIVEN GIVEN	e City, give exoct locotion)  26-63  19  nian death occurred an th
tise to the abave cause (A) stating the UNDERLYING CONDITION (ast.)    Columber   Columbia   Columb	e City, give exact location)  26-65  19  nian death occurred an the
Tise to the abave cause (A) stating the UNDERLYING CONDITION tast.    Columber Standard Conditions Contributing To the Terminal Disease or Conditions of the Terminal Disease or Condition Given in Part 1 (A).   Columber Standard Conditions Contributing To the Death But not related to the Terminal Disease or Condition Given in Part 1 (A).   Columber Standard Conditions of the Terminal Disease or Conditions of t	26-68  19  nian death occurred an the  238. DATE SIGNED  2-26-68  BALTIMORE M.
Tise to the abave cause (A) stating the UNDERLYING CONDITION tast.  (C)	e City, give exect location)  26-68  19  nian death occurred an the  238, DATE SIGNED  2-26-68  BALTIMORE M.
TISE TO THE OBAVE CAUSE (A) stating the UNDERLYING CONDITION lost.    Columbia	e City, give exect location)  26-68  19  19  238, DATE SIGNED  2-26-68  BALTIMORE M.  1y, town, ar county)  (S1
Tise to the abave cause (A) stating the UNDERLYING CONDITION tast.    Columber 10   Columber 11   Columber 12   Columber 12   Columber 13   Columber 14   Columber 14   Columber 14   Columber 14   Columber 14   Columber 15   Columber 16   Columber 16   Columber 16   Columber 16   Columber 17   Columber 18   Co	26-68  19  nian death occurred an the 238. DATE SIGNED  2-26-68  BALTIMORE M

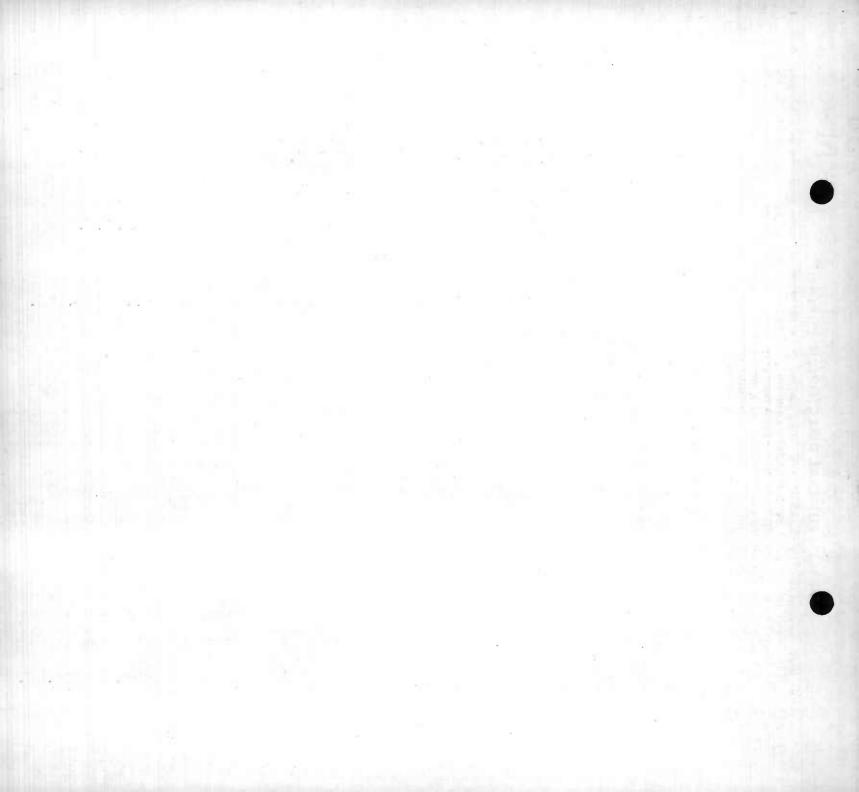


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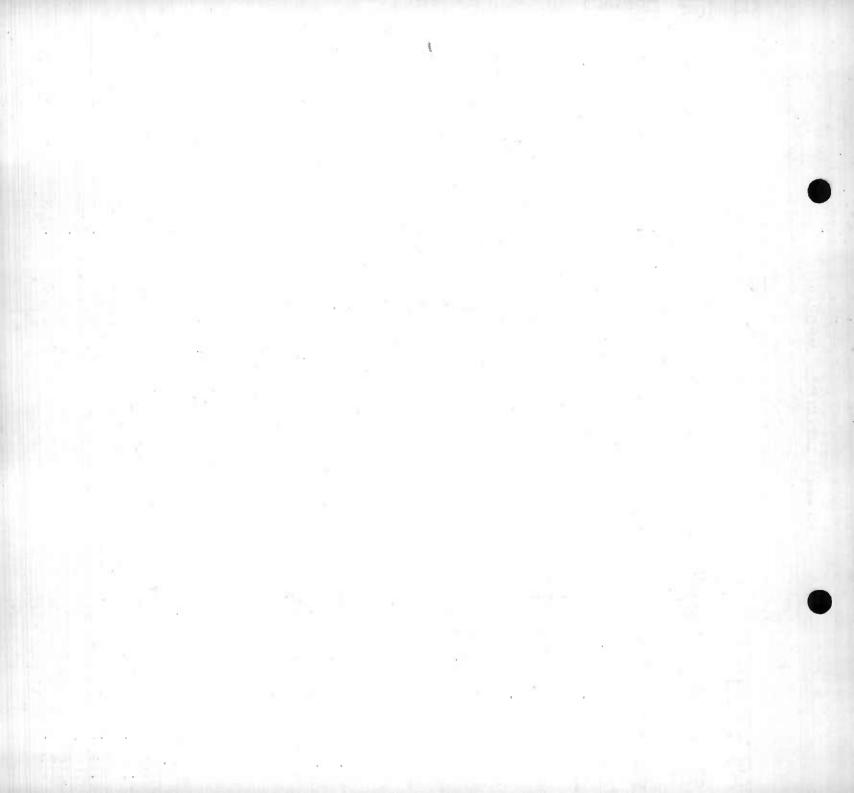
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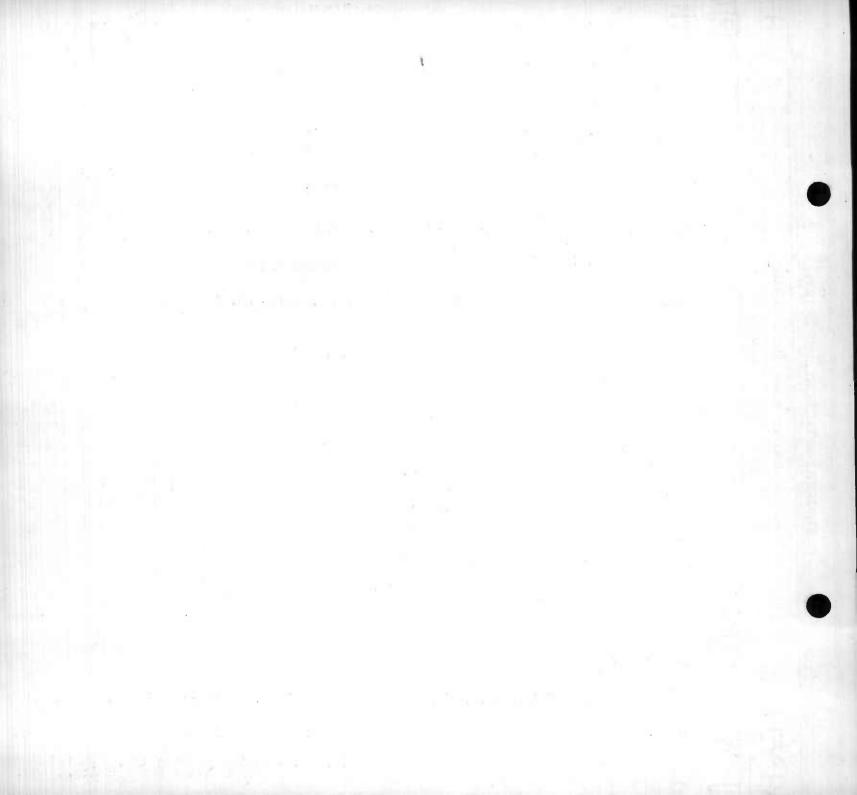


5	7-16	,		BALTIMORE CITY	HEALTH DEPARTMENT		00 0000		
1	1-16:	68	- 2338	CERTIFICA	TE OF DEATH	REG. NO	68- 2338		
	TH NO.			CLICTITICA					
	IAME OF DECI			*		AND HOUR OF DEATH			
,		A. Maua	e Roberts		Febr	mary 26, 196	8 5 A M.		
3.	PLACE IN BALT	IMORE MARYLAND, V	VHERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE () A. STATE B. CO	Where deceased lived. If	institution: residence before admission)		
HC	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION	ON, GIVE STREET	C. CITY OF TOWN	D, IN	SIDE CITY OMITS?		
		11-0-1 11	to		Baltimore		YES NO		
	011	Melchor No	- 1	- 12/7	E. STREET AND NUMBE	R			
	10	2327 N.Ch	15. SI B	allomo - 18	1003 Marlau	Drive			
5,		6. RACE		NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His.		
	F	w	WIDOWED	DIVORCED	8/21/1880	lost birthday)	Manths Days Hours Min.		
		IPATION (Give kind of wor vorking life, even if retired)	10B. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
_	etired -	and &	Educ	ation	Marylo	and	100m/sech		
	FATHER'S NAM		Latte	accon	14. MOTHER'S MAIDEN		u. J. A.		
	ohn G. Ri				Eliz.	P	lilmot		
S.	Was Deceased	Ever in U. S. Armed Fo	rces?   1 6	SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS		
	No			0-44-6983	Mrs. Crawford	Heath	(Same)		
	18. //	0 1	p 6	CAUSE OF DEAT	1	Tracers	APPROXIMATE INTERVAL		
	DISEAS	E OR CONDITION DI	DECTIV				BETWEEN ONSET AND DEATH		
		LEADING TO DEATH	NE CIEI		CIIN =	C. Henripl	omial I want.		
	(This does n	This does not meen the made of dying, e.g.,  (A) IMMEDIATE CAUSE  (DUE TO, OR AS A CONSEQUENCE OF:							
		nearl failure, asthenia, etc. It means the disease,							
		injury or complication which caused death,)							
	F	ANTECEDENT CAUSES (B) Ceneralized Anlerios elevoris							
		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
		ise to the above cause (A) stating the  JNDERLYING CONDITION last.  (C)							
	the steel of the								
z	3 3 1 X	II ICANT CONDITIONS CO	NITRIBUTING	0	-0.6.	0			
읃	TO THE DEAT	H BUT NOT RELATED TO 1	THE TERMINAL	Der	m x1 ty 2x / seme				
Q O	19A. DATE OF	OPERATION 1198, CON	RT 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
ERTIFI		WAS PER	FORMED	on or examinate	Clo	IN CERTIFYING C	AUSES OF DEATH?		
CER	21A. ACCIDEN	IT WAS UNDERLYING	]   21 B. PL.	ACE OF INJURY (e.g., i	n or about 21 C. WHERE DI	D (If in Boltime	are City, give exact location)		
AL	OR CONTRIBU	TING CAUSE OF medical examiner)	home, etc.)	form, factory, street, of	fice bldg., INJURY OCCUP	?	see only give exact totalion,		
5	21 D. TIME	(Manth) (Day) (Year)	(Hour) 21E, IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
ME	OF INJURY		While	At Not Whil					
	(APPROX.)		Work	At Work					
	22. I certify	that (1) (this hospita	4) attended the	deceosed from	11-18-	19 6 3 10	2-26- 1968,		
	that (1) (we)	last sow the deceos	ed olive on	2 - 26 -	19.68 one	that in (my) (out) or	oinion death occurred on the date		
					iew the body ofter dea				
	23A. SIGNATU		)		Town the body officer dec		23B. DATE SIGNED		
		2000111	men	Atte	nding Med.	Staff			
	201	ov vacce		DEGREE Phys	i. Director	J Phys. ∟	2-26-68		
	PHYSICIA NAME (T)	. = +1	D. II. O		23D. ADDRESS	1 . D	21133		
		un. Cusa	R V. Caver	1	8024 LCD	erty Road - Ra	indalls lown, md.		
24/	BURIAL CREA	MATION, 248. DATE	24C. NAM	E of CEMETERY or CRE	MATORY 241	D. LOCATION	City, town, or county) (State)		
	REMOVAL (S	pecity)	0 0	id Didea		Dihamilla D	alto.Co. Md.		
	burial DATE REC'D	2/28/6	the same of the sa	id Ridge		Pikesville, B			
16.3	EED 0	8 1968 P.C.	258. NAME OF	Company of the	H. W. Jonki	ns & Sons Co.	4905 York Road		
	LED A	0 1300 000	an -,	,		Bo	lto., Md. 21212		
	3.00 DEN 1 /1 //	0							



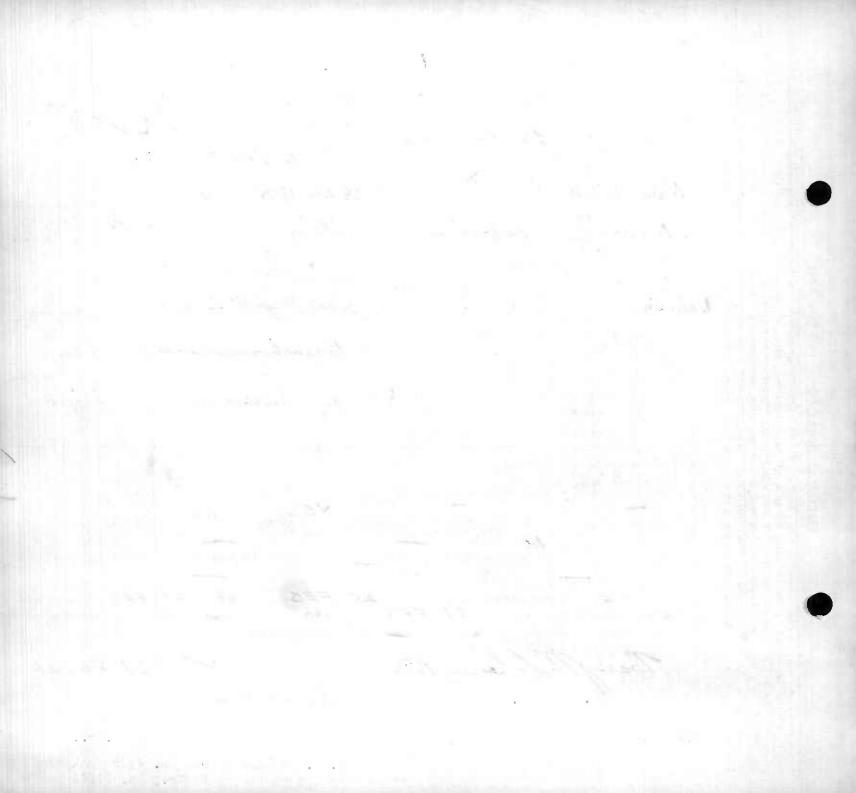
FUNERAL DIRECTOR: IMPORTANT

1	1-121			BALTIMORE CITY	HEALTH DEPARTMEN	IT	00- 9290	
	10	68.	- 233	9 CERTIFICA	TE OF DEAT	H REG. NO	68- 2339	
1.NA	NO. ME OF DEC					E AND HOUR OF DEATH	н	0.0
	or Print)	Raymond A	. Hopk	ins ?		-26-68	1 3	-PM
3. PL	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence befo	re admission)
					Maryland		07	A 400
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?	1			
INSTI	TUTION				Baltimor		YES TO NO	
4	Long	Green Nurs	sing Ho	me	E. STREET AND NUMB	ER		
/	0				5001 Ro	land Avenue		
5. SE)	(	6. RACE	7. MARRIED	* NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If U	Jnder 24 Hrs.
	M	W	WIDOWED		2-11-1902	last birthdoy)	Months Days Hau	rs Min,
OA. L	SUAL OCC	UPATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHA	AT COUNTRY
		working life, even if retired)	Dank	-Davis & Co.	Paltimone	Mandand	US	^
	lesma		Fark	-Davis & Co.	Baltimore,		03/	
3. FA	Thomas		200					
	mom	as B. Hopki	C 1.		Margaret	Hardy		
5. W	as Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No	, , , ,		233-09-5320	Mrs. Euna	a M. Hopkins	s Sa	me
11	B. 11 (1	091	-	CAUSE OF DEATH	1			TE INTERVAL
	DISEA	SE OR CONDITION DI	RECTLY		0 11	(/)	BETWEEN ONS	ET AND DEATH
	0.007	LEADING TO DEATH		(A) IMMEDIATE CAU	sel wentator	~ horula (	Reader	
		not mean the made of			CONSEQUENCE OF:	1		
		osthenio, etc. It means			01	0		
		ANTECEDENT CAUSES			O Nones Co.	lesses		
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	2006 81 2		
		e obove couse (A)						
l	JNDERLYIN	G CONDITION last.		(c)				
_	450,0			0,1	· + · ·	1		
0 9		FICANT CONDITIONS CO TH BUT NOT RELATED TO T		ulc	ralles Co	liks.		
X D	ISEASE OR C	ONDITION GIVEN IN PAR	RT 1 (A).	WUIGU OBERATION	20 A. AUTOPSY? (Yes	o. Noll 200 IE VES WED	E EINDINGS CONSIDERE	D.
E	A DATE OF	OPERATION 198. CON	FORMED	WHICH OPERATION	AUTOST! (Tes	IN CERTIFYING C	E FINDINGS CONSIDERE AUSES OF DEATH?	
CER 2	1A ACCIDE	NT WAS UNDERLYING	7 210	PLACE OF INJURY (e.g., i	or about 21C WHERE D	MD //6 to 8 olding	are City, give exact lacation	nė)
_ 0	R CONTRIB	JTING CAUSE OF	hom	e, larm, factory, street, of	fice bldg., INJURY OCCU	JR?	idia Cily, give axaci idiani	ari)
U	EATH (notily	medical examiner	etc.					
	D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED		D INJURY OCCUR?		
2	APPROX.)		Whi	Not While		, 4	0	10
2	2 Learnify	that (1) (This hospital			115	1067 1001	till 2 6	10 60
					10 68	nd that In (my) (our) o	-1-1 da-sh	
1		Tost saw the decease					pinion death occurred	an the dote
			ted obove. (I	) (We) (did) (did not) v	iew the body ofter de	ooth.		
2.	SA SIGNAT	1390601	1	)	nding Med. [	- 14-W	23B, DATE SIGNED	10
	XX	1 HEYE	mall	OEGREE Phys		Staff Phys.	1-28	-68
2	NAME (				23 D. ADDRESS			7
		" Dr. Willi	iam G.	Helfrich	5006 Rol	and Avenue	Balto., Md	•
24A.		MATION, 248. DATE	24C. N	AME of CEMETERY of CRE	MATORY 2	4D. LOCATION	City, tawn, ar county)	(State)
B	REMOVAL (	Specily) 2-29-6	68 Ho	ly Redeemer	Cemetery	Baltimore,		Md.
		BY HEALTH DEPT.		F REGISTRAR		CTOR	ADDRES	is
	FEB 2	8 1968 (20.	623	alsey Mil	H. W. JE	enkins & Son	s Co. 21: Road Balto.	212
10		0 1000 000		7		4905 York	Road Balto.	, Md.
/ S T /	O-PEV 1/1/	6 H						



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

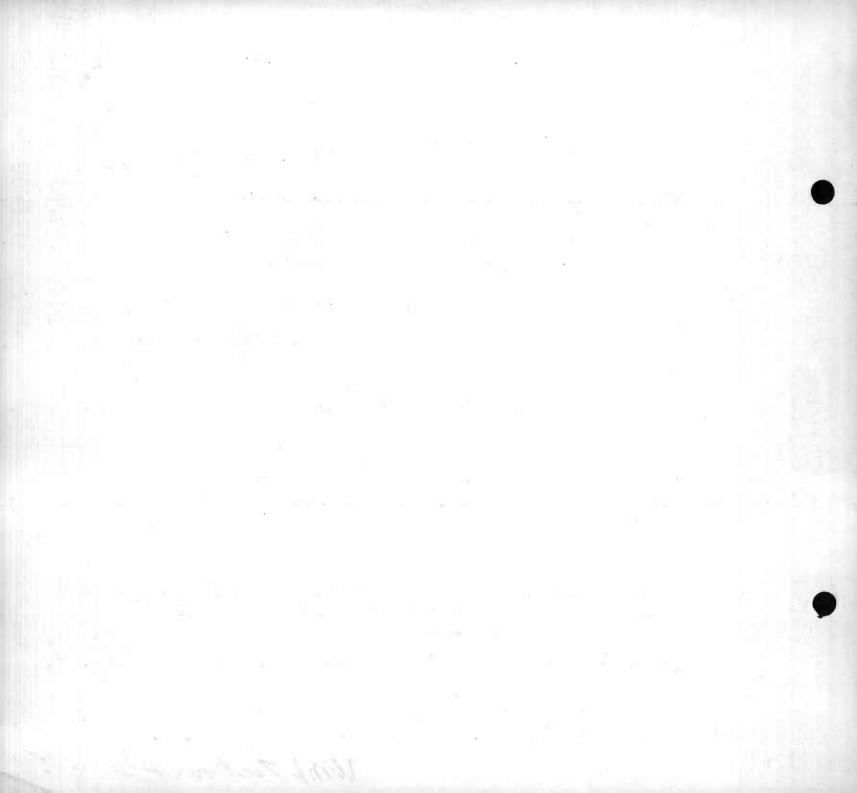


	BALTIMORE CITY		68- 2341	
08- 2	2341 CERTIFICA	TE OF DEATH REG. NO.		
BIRTH NO.  1. NAME OF DECEASED	50.11	2, DATE AND HOUR OF DEA	TH	
Type of Print) BERTHAE	BRADY	2-26-1968 4	45 Cm	
B. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. I		
ULL NAME OF (IF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	Br Mary land		
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)  VISTITUTION	R INSTITUTION, GIVE STREET		NSUDE CITY LIMITS?	
		Baltimore VES NO		
The Union Men	lovial Hospital	E. STREET AND NUMBER		
· ·		121 Feild Street		
SEX 6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Days Hours Min.	
	DOWED DIVORCED	8-2-18/7 88		
OA, USUAL OCCUPATION (Give kind of work 10B, K one during most of working life, even if retired)	AND OF BUSINESS OR INDUSTRY	M . N	12. CITIZEN OF WHAT COUNT	
House wife		Maryland	American	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Clark Hood		Sara Wolf		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS	
(es, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.		4. 34/ 2/	
	247-01-4147A	Army Ayloworth 700		
18. 9 1	CAUSE OF DEAT	1 2 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
DISEASE OR CONDITION DIRECTL	Υ.	(HO. O. Mure . O. O.	Q. A	
(This does not meon the mode of dying	(A) IMMEDIATE CAL		my a Gron	
heart failure, asthenia, etc. It means the d	liseose,	A CONSEQUENCE OF:	0	
injury or complication which coused death	1.7	Th =/10.(1		
ANTECEDENT CAUSES	(B)	(ruffure (L	V	
rise to the obave cause (A) statis	9	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
420.1			01	
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING	na	a.L.	
TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)			100	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE	FINDINGS CONSIDERED	
		res		
OR CONTRIBUTING CAUSE OF	home, farm, factory, street, of	n oi about 21 C. WHERE DID (If In Baltin fice bldg., INJURY OCCUR?	mare City, give exact location)	
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Day) (Year) (Hay	UI) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
OF IN ILLOY	3471 ** A			
OF IN ILLOY	While At Work			
OF INJURY (APPROX.)	Work LA At Work		26 1060	
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) atte	work At Work	-25- 1968 to 2-		
OF INJURY (APPROX.)  22. I certify that (t) (this haspital) attention (H) (we) lost sow the deceased alignment)	work At Work ended the deceosed from 2 ve on 2 - 2 6	-25- 1968 to 2-		
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attention that (1) (we) lost sow the deceased aligned hour and from the causes stated at	work At Work ended the deceosed from 2 ve on 2 - 2 6	-25- 1968 to 2-	opinion death occurred on the d	
OF INJURY (APPROX.)  22. I certify that (t) (this haspital) attention (H) (we) lost sow the deceased alignment)	work At Work ended the deceosed from 2 ve on 2 - 2 6 pove. (1) (We) (glid) (did not)	-25- 1968 to 2-  1968 ond that in (my) (our) of the body ofter death.		
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attention that (1) (we) lost sow the deceased aligned hour and from the causes stated at	work At Work ended the deceosed from 2 ve on 2 - 2 6 pove. (H) (We) (did) (did not) ve	1968 to 2 = 1968 to 2 = 1968 to 2 = 1968 ond that in (my) (our) a lew the body ofter death.  Inding Med. Shaff Phys	opinion death occurred on the de	
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OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attention (1) (we) lost sow the deceased aligned and hour and from the causes stated of the course stated of the cour	work  At Work  ended the deceosed from 2  ve on 2 - 2 6  pove. (1) (We) (did) (did not) v  DEGREE Phys	1968 to 2 -  2 -  1968 to 2 -  1968 to 2 -  2 -  1968 to 2 -  2 -  2 -  2 -  2 -  2 -  2 -  2 -	opinion death occurred on the de	
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attention (H) (we) lost sow the deceased aligned and hour and from the causes stated of the course stated of the cour	work At Work ended the deceosed from 2 ve on 2 - 2 6 pove. (H) (We) (did) (did not) ve	1968 to 2 -  1968	23B, DATE/SIGNED  27 26/68  (City, Inwa, or county) (State)	
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attention that (1) (we) lost sow the deceased aligned hour and from the couses stated at 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  We He Oeblert Jr.	work At Work ended the deceosed from 2 ve on 2 - 2 6 pove. (1) (We) (did) (did not) ve on DEGREE	1968 to 2 -  1968	23B, DATE/SIGNED  23B, DATE/SIGNED  (City, Inwan or county)  (State)	
OF INJURY (APPROX.)  22. I certify that (t) (this hospital) attention (H) (we) lost sow the deceased aligned on the couses stated of th	work  At Work  ended the deceosed from 2  ve on 2 - 2 6  pove. (1) (We) (did) (did not) v  DEGREE Phys  24C. NAME of CEMETERY or CRE  St. Mary's	1968 to 2 -  1968	23B, DATE/SIGNED  23B, DATE/SIGNED  (City, Inwan or county) (State)	
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attention (1) (we) lost sow the deceased olioned hour and from the causes stated of 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  When Cehlert Jr. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  229/68	work At Work ended the deceosed from 2 ve on 2 - 2 6 pove. (1) (We) (did) (did not) ve on DEGREE	-25- 1968 to 2-  1	23B, DATE/SIGNED  23B, DATE/SIGNED  (City, Inwan or county)  (State)	

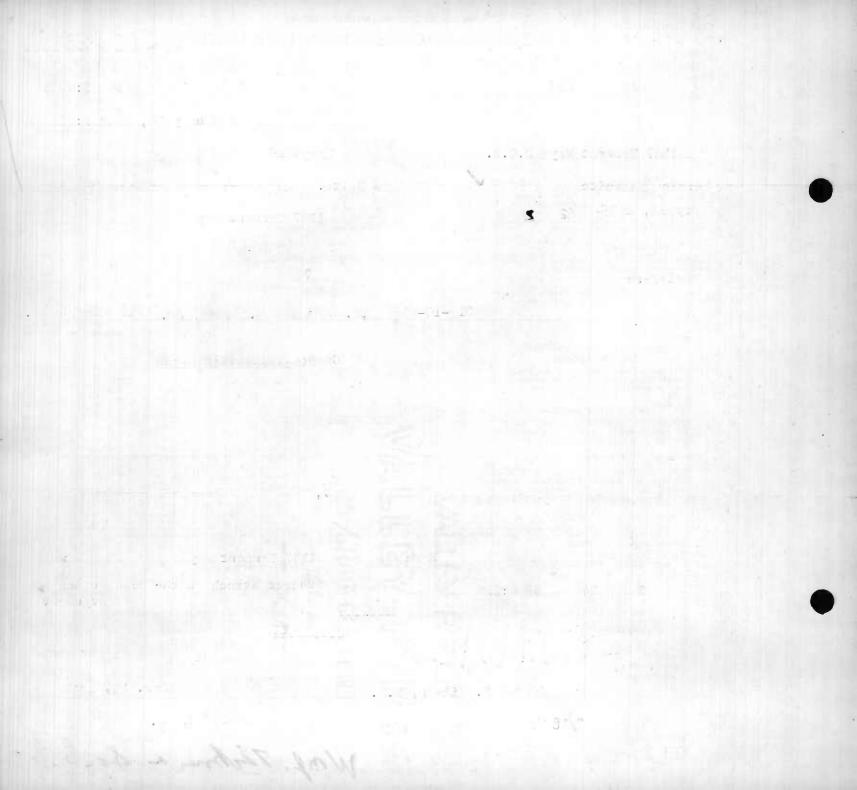
(Mille Hparage Sorre

VS 150-REV. 1/1/68

	D 111.	affine .		BALTIMORE CITY	HEALTH DEPARTMENT		68- 23/2	
1	4-4/	$\frac{2}{68}$	- 23	42 CERTIFICA	TE OF DEATH	REG. NO.	68- 2342	
BIR	TH NO.		,,,,,	CLRTITICA				
	AME OF DEC	EASED				AND HOUR OF DEAT		
	e or Print)	Alice	В.	Pollard		mary 25, 1		
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If JNTY	institution: residence before admission)	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  202 St/ Dunstans Road Baltimore, Maryland 21212			Maryland		7-17-			
			C. CITY OR TOWN	D. II	VSIDE CITY LIMITS?			
			Baltimore		YES NO			
			E. STREET AND NUMBER					
			202 St. Dunstans Road					
S. S	EX	6. RACE	7- MARRII	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
F	emale	White	WIDOW		Sept. 22, 18	lost birthdoy) 81 86	Months Doys Hours Min.	
			10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewif	working life, even if retired)			Baltimore,	Md.		
	FATHER'S NAM				14. MOTHER'S MAIDEN N			
		amin F.	Bor	mett				
				me c c	Katy Hinds			
15. (Ye:	Was Deceosed , no or unknown	Ever in U. S. Armed Fore	ces? s of servic	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No				Mrs. Janie Po	llard sam	ne address	
_	18. / / /	a		CAUSE OF DEAT	H	^ /	APPROXIMATE INTERVAL	
	DISEAS	SE OR CONDITION DIR	ECTLY	12	uf hypran	Lie Onla	BETWEEN ONSET AND DEATH	
		LEADING TO DEATH			1/	mar ongoc	164	
	(This does n	not mean the made of	dvina. e	(A) IMMEDIATE CAI		U	12 CC	
		asthenia, etc. It means			A CONSEQUENCE OF:			
	injuly or com	plication which caused	death.)					
	1	ANTECEDENT CAUSES						
		DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:						
		rise to the above cause (A) stating the						
	UNDERLYING CONDITION [65], (C)							
z	420.1	420.1 II						
5	TO THE DEAT	H BUT NOT RELATED TO TH	HE TERMINA					
CA		OPERATION 198. CON		R WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WEE	RE FINDINGS CONSIDERED	
CERTIFICATION	*	WAS PERF	ORMED		210	IN CERTIFYING	CAUSES OF DEATH?	
CER	21A. ACCIDEN	NT WAS UNDERLYING	1	18. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Baltin	nore City, give exoct location	
	OR CONTRIBU	TING CAUSE OF		nome, form, factory, street, a	ffice bldg., INJURY OCCUR?	(11 111 - 271111	and the same and t	
EDICAL								
1ED	21 D. TIME OF INJURY	(Month) (Doy) (Year)		TE. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
8	(APPROX.)			While At Not Whi	ile			
	22 Logetify	that (1) (shis hospital	) attende	d the deceased from	25 Feb	1068 10 2	F Feb 1068	
		last saw the decease		7	10 68	that in (mu) (ma) a	window does be accounted on the date	
							ipinian death accurred an the date	
		1	ed abave	(1) (地元) (did nat)	riew the bady after death	1.		
	23A. SIGNATU							
	00001	attending Med. Staff Director Phys. DEGREE Phys.						
	23C. PHYSICIA			1	23D. ADDRESS		1 1	
	NAME (T	yper						
				DEGREE	FAA A TORY 24D	LOCATION		
244	BURIAL CRE	MATION, 124R, DATE	240	NAME OF CEASIFIER OF CD			(City town or county) (State)	
244	REMOVAL (S	Specifyl		NAME of CEMETERY of CR			(City, town, or county) (State)	
24A			B M	t. Olivet Ceme		saltimore, M		
	Burial	Specifyl 2/28/6	B M			altimore, M		



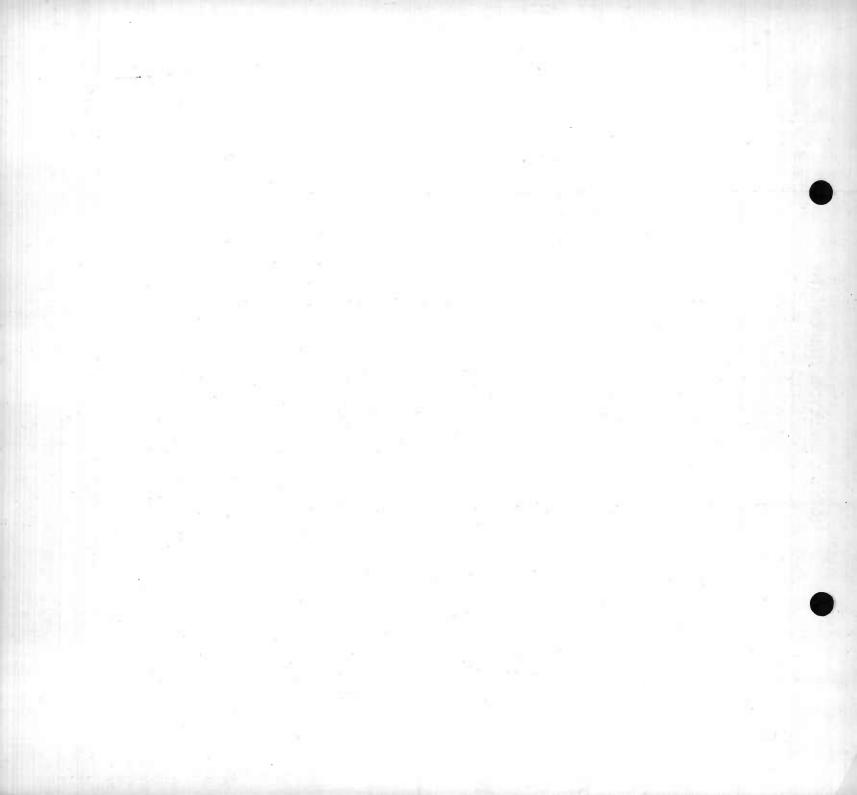
VS 151-REV. 1/1/68



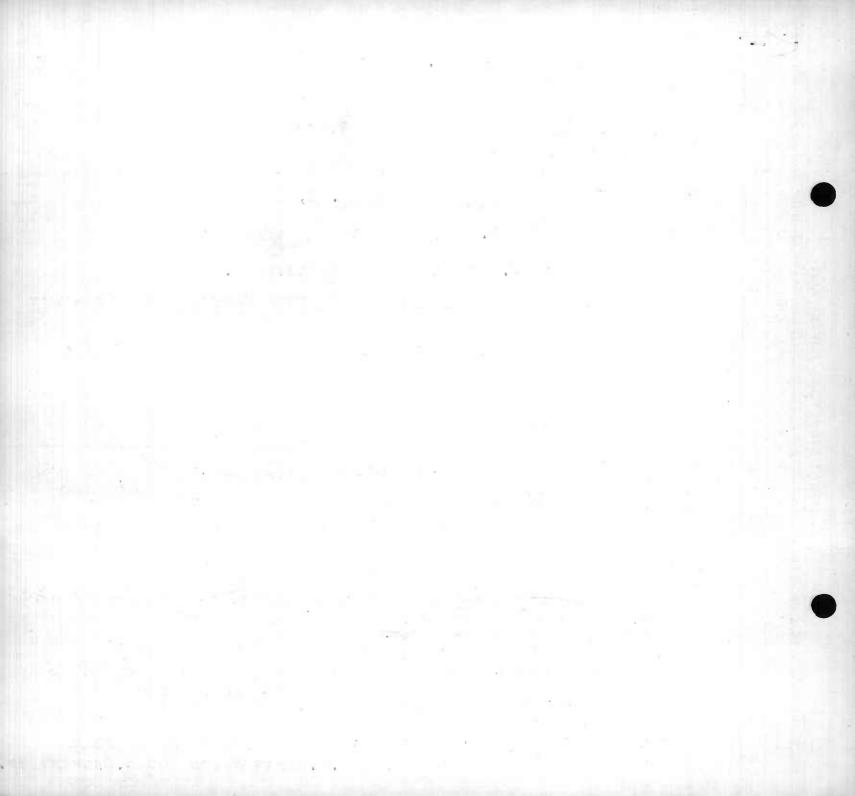
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

0 -53		BALTIMORE CITY	HEALTH DEPARTMENT		00 0044
K-502	00 004	CEDTIEICA	TE OF DEATH	REG. NO	68- 2344
BIRTH NO.	65- KJ4	E CLKIII ICA			
1. NAME OF DECEASED				D HOUR OF DEATH	
George	J. Rumens		Feb.	27, 1968	5:05 M
3. PLACE IN BALTIMORE, MARYLAN	ND, WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
FILL NAME OF MENOTING	OCCUPAL OR INICIPAL	TONI CIVIC STREET	Maryland 212		at france le motor
FULL NAME OF HOSPITAL OR ADDRESS OR	LOCATION)	THON, GIVE STREET	C. CITY OR TOWN	7.00	IDE CITY LIMITS?
Institution Long Gree	n Nursing H	Home	Baltimore	0. 1143	YES NO
	se Avenue		E. STREET AND NUMBER		163-
	, Md. 21212	2	115 Melrose A	venue	
			B. DATE OF BIRTH		
Male White	WIDOWED	NEVER MARRIED DIVORCED DIVORCED	May 28, 1889	9. AGE (In years lost birthdoy) 78	Months Doys If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if r	etired)		England		USA
Machinist 13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	445	0011
				MIE	
John Rume	ns		UNKNOwn		
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown) (If yes, give wor		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes War 1		214-03-2829	Elizabeth Herb	ig 311 Ilc	
18. 41201		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO			The state of the		
LEADING TO D		(A)IMMEDIATE CAL	ISE Cardio Vas	culas laes	ease 15 months
(This does not meen the mo		DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which of					
ANTECEDENT CA	USES				
DISEASES OR CONDITIONS	if one giving	(8)OR AS	A CONSEQUENCE OF:		
rise to the obove couse					
UNDERLYING CONDITION IN	sl.	(c)			
443×					
O OTHER SIGNIFICANT CONDITION		11	Tour recit		11
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN		itypec	lensear		
		VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
19A-DATE OF OPERATION 198	C3 PERIORIVIED		NO		OSES OF BEATT.
OR CONTRIBUTING CAUSE	ING 21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct location)
DEATH (notify medical examiner)	etc.)		ince biog., indoki occok:		
21 D. TIME (Month) (Doy)	(Year) (Hour) 21F	INJURY OCCURRED	21F. HOW DID INJ	ILIPY OCCUP?	
S OF INJURY		le At Not While		ok, occok	
(APPROX.)	Worl	k At Work			
22. I certify that (1) (this ho	spital) attended th	ne deceased fram	Jeney 10,	1966 to tel	27, 1968
that (1) (we) last sow the de	ceased alive an	Feb. 27	19 68 ond th	nat In (my) (aur) ap	inian death occurred on the date
and hour ond fram the cause	s stored obave. (1,	) (#e) (did) (did not) (	riew the body offer death.		23 B. DATE SIGNED
		Δ+	anding Cd Med C	Shalf	
Frank W.C	relen 1	M. D DEGREE Phy	ending Med. Director	Phys.	Feb. 28, 1968
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
Dr. F	rank Ogden	M,6:	2701 N. Calve		
24A. BURIAL CREMATION, 24B. DA		ME of CEMETERY of CR	EMATORY 24D. I		ity, town, or county) (State)
REMOVAL (Specify)	240.114	or servicioni of Chi	240. [		interior county) (3101e)
Burial 3/1	/1968 Balt	imore Nationa	1 Cemetery Ba	ltimore, Ma	rvland
2SA. DATE REC'D BY HEALTH DEPT	. 258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
LER S 3 1368 (1)	De B & to	In lea MA	Eugenia K. S	eitz 5209 Y	ork Rd.
VS 150 PEV 1/1/68	A	4 4	Seitz Funere	1 Home Bal	to. Md. 21212



7575	BALTIMORE CIT	HEALTH DEPARTMENT	No. 68- 2345
68- 2	345 CERTIFICA	TE OF DEATH REG.	NO. 00 2040
NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
MISS ADE.	LAIDE H. JENK	INS 2/24/	68 1 8 P.
B. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased I	ived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION CIVE STREET	MARYLAND	
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS
HILLCREST NURSI.	NO HOME	BALTIMORE	HEST NOT
		E. STREET AND NUMBER	
212 STONEY RUN .	LANE	3405 GREENWAY	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y	
D	OWED DIVORCED	OCT 1 1883	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KI			12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)	- O O		- 1
RETIRED TEACHER BALS 3. FATHER'S NAME	TO. CITY SCHO	OLS BALTIMOS	RE MD
A LAMER 3 HAVE		14. MOTHER'S MAIDEN NAME	
FRANCIS X		ADELAIDE E. MI	
S. Wos Deceased Ever in U. S. Armed Forces? (es,na or unknown) (If yes, give wor ar dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	213-50-6000	MISS EDITH JENKI	NS 3405 GREENWAY
1B. 4 6 V	CAUSE OF DEAT	H	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	ħ		BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	DSE CONTRACTOR OF THE PROPERTY	1 ac
I/This does not seem the seeds of delice		A CONSEQUENCE OF:	***************************************
(This does not mean the mode of dying,		A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the di injury or complicolion which coused death.	seose,	A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the di	seose,	A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the di injury or complication which caused death. ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony,	(B)	A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the di injury or complication which coused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating	(B)		
heart failure, asthemia, etc. It means the di injury or complication which coused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	(B)		
heort foilure, osthenio, etc. It meons the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	giving DUE TO, OR AS (C)		0 <
heort foilure, osthenio, etc. It meons the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	giving DUE TO, OR AS (C)		9-5 54
heort foilure, osthenio, etc. It meons the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	giving DUE TO, OR AS ITING (C)	a CONSEQUENCE OF:  2al + diffuse f  [20A.AUTOPSY? (Yes or No)] 20B, IF YES	9-5 54
heort foilure, osthenio, etc. It meons the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.	giving DUE TO, OR AS ITING (C)	a CONSEQUENCE OF:  2al + diffuse f  [20A.AUTOPSY? (Yes or No)] 20B, IF YES	S, WERE FINDINGS CONSIDERED PRING CAUSES OF DEATH?
heort foilure, osthenio, etc. It meons the di injury or complicotion which coused deoth.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stoting UNDERLYING CONDITION lost.  493 11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO THE TERM OF THE PROPERTY OF THE PRO	giving DUE TO, OR AS DUE TO, OR AS OF THE COLUMN TO THE CO	20A. AUTOPSY? (Yes of No) 20B, IF YES IN CERTIFY	S. WERE FINDINGS CONSIDERED RING CAUSES OF DEATH?
heort foilure, osthenio, etc. It meons the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  493   II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (1981), medical cause of DEATH (1981), medical cause of	giving (B)	20A. AUTOPSY? (Yes of No) 20B, IF YES IN CERTIFY	ING CAUSES OF DEATH?
heort foilure, osthenio, etc. It means the di injury or complication which coused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stoting UNDERLYING CONDITION lost.  10 THE OBJECT OF CONTRIBUTION STOTE THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  11 TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  12 TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 A. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (notify medical examiner)	giving DUE TO, OR AS DUE TO, OR AS OF THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN THE COLU	20A. AUTOPSY? (Yes of No) 20B, IF YES IN CERTIFY	n Baltimare City, give exoct location)
heost foilure, osthenio, etc. It meons the disinjury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  493 11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour of Injury)	giving DUE TO, OR AS g lhe (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY OF EDID (If in fice bidg., INJURY OCCUR?	n Baltimare City, give exoct location)
heart failure, asthenia, etc. It means the distribution of complication which coused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  10 THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour of INJURY (APPROX.)	giving DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS OF INJURY (e.g., i home, form, foctory, street, of etc.)  DITING  21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work	20A. AUTOPSY? (Yes of No) 20B. IF YES IN CERTIFY IN CER	n Baltimare City, give exoct location)
heort foilure, osthenio, etc. It meons the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  493 11  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 199B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour of Injury)	giving DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS OF INJURY (e.g., i home, form, foctory, street, of etc.)  DITING  21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work	a CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY  10 or about 21C. WHERE DID  11 ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	n Baltimare City, give exact location)
heort foilure, osthenio, etc. It means the diinjury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  10 THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21-TIME (Month) (Day) (Year) (Hour of INJURY (APPROX.)	giving DUE TO, OR AS DUE TO, OR AS OF TO, OR AS DUE TO, OR AS OF TO, OR AS DUE TO, OR	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY IN CERTIFY INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	n Baltimare City, give exoct location)
heart failure, asthemia, etc. It means the disinjury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION lost.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  11 OTHE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  12 OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.)	giving DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS OF INJURY (e.g., in home, form, foctory, street, of etc.)  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  While At Not While At Not While At Work  Indeed the deceased from the end of the deceased from the deceased	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No) 20B, IF YES IN CERTIFY IN CERTIFY IN CERTIFY OCCUR?  21F. HOW DID INJURY OCCUR?	n Baltimare City, give exoct location)
heart failure, asthemia, etc. It means the disinjury or complication which coused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  11 17 18 19 19 21 10 21 11 21 12 21 12 21 13 21 21 21 21 21 21 21 21 21 21 21 21 21	giving DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS OF INJURY (e.g., in home, form, foctory, street, of etc.)  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  While At Not While At Not While At Work  Indeed the deceased from the end of the deceased from the deceased	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No) 20B, IF YES IN CERTIFY IN CERTIFY IN CERTIFY OCCUR?  21F. HOW DID INJURY OCCUR?	n Baltimare City, give exoct location)
heort foilure, osthenio, etc. It meons the di injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  493 11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  210. TIME (Month) (Day) (Year) (Hour of INJURY (APPROX.)  22. 1 certify that (1) (Alia Death) after that (1) (we) last saw the deceased aliver and haur and from the causes stated about the course of the causes stated above.	giving  giving  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  OF AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  OF AS  DUE TO, OR AS  OF AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  OF AS  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DUE TO, OR AS  AND  DUE TO, OR AS  DU	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY IN CER	RING CAUSES OF DEATH?  1 Baltimare City, give exoct location)  7  19 6 9  19 6 9  19 6 9
heart foilure, asthemia, etc. It means the diviniury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.  493 11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 199B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour of INJURY (APPROX.)  22. 1 certify that (1) (his best of that (1) (we) last saw the deceased aliver and haur and from the causes stated above 23A. SIGNATURE	giving DUE TO, OR AS DUE TO, O	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY IN CER	RING CAUSES OF DEATH?  1 Baltimare City, give exoct location)  7  19 6 9  19 6 9  19 6 9
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SAB-49-38-541	C-655 68- 2346 CEDITION OF DEATH REGINO.	68- 2346
and eath ased the Such	BIRTH NO.	
Sussi	1. NAME OF DECEASED Nettie May Carnohan (Type or Print)  AENO HAN NETTE 2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH	1359 A.M.
- 1, 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If in a, STATE B. COUNTY	nstitution: residence before admission)
2 0		Itimore
in i	Baltimore City Hospitals 4940 Eastern Avenue  Edgemere  E. STREET AND NUMBER	YES NO X
buti ned lar d pr	The value of the v	21219
The second	MARRIED NEVER MARRIED 6. DIVORCED 6. 13 / 1 007	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0 4 - 9	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
iti d	Housewife Maryland	U.S.A.
if d if d (4) U wa the ispos	13. FATHER'S NAME	
d; (4 direction)		C. Masten
r his assistant Also, if the dir of any kind; ( ounced death trendance on	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) No  16. SOCIAL SECURITY NO. 215-28-8877  Records: BCH-4940 East	sern Avenue 21224
or if any or it	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his of of of of ed	LEADING TO DEATH	
a a a a a a a a a a a a a a a a a a a	(A)IMMEDIATE CAUSE	
OR: ineriner actu	injury or complication which coused death.)	4
CTOR xamine (amine) A fract who pr regula	ANTECEDENT CAUSES	auteure
(3) (3) sain	rise to the above cause (A) stoling the UNDERLYING CONDITION last.	
# 0 E = 2 2	430,0	
RAL DI f medical medical y burns; physicia ian was	4 Disease or Condition Given in Part 1 (A).	
Red Book	WAS PERFORMED  178. CONDITION FOR WHICH OPERATION  20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE IN CERTIFING CA	FINDINGS CONSIDERED LUSES OF DEATH?
al the contract of the contrac	DEATH (notify modical exeminate	re City, give exact location)
	D 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DED INJURY OCCURRED	
ho ho de	Work At Work	
pro the an an	22. I certify that (Nathis haspital) attended the deceased from 2-21 1964 ta	2-26 1968.
of of all (h);	that (1) (we) last saw the deceased olive on	Inion death occurred an the date
t be sed ont opit eat	and hour ond fram the causes stated above. (1) (We) (did) (did not) view the body after death.	23B. DATE SIGNED
ea ide	Attending Med. Shaff	2-26-68
ificate m y was rel 1) An acc 3.A. at a d prior to	23C. PHYSICIAN'S DIRECTOR CIT	
An An price	Baltimore Cit	altimore.Md.21224
F	KEMUVAL (Specify)	ity, town, or county) (State)
This cert the body shows: ( was D.O decease	Burial 2/28/68 Mt. Carmel Cemetery Balti	more, Md.
This the show	2SA. DATE REC'D BY HEALTH DEPT.  2SB. NAME OF REGISTRAR  2SC. FUNERAL DIRECTOR  John J. Duda, 7922 Wise	Ave. Dundalk Md.
0 > 0 >	VS 150-REV. 1/1/6B  Solver De La Conferma John J. Duda, 7922 Wise	Danagan, mas



IMPORTANT

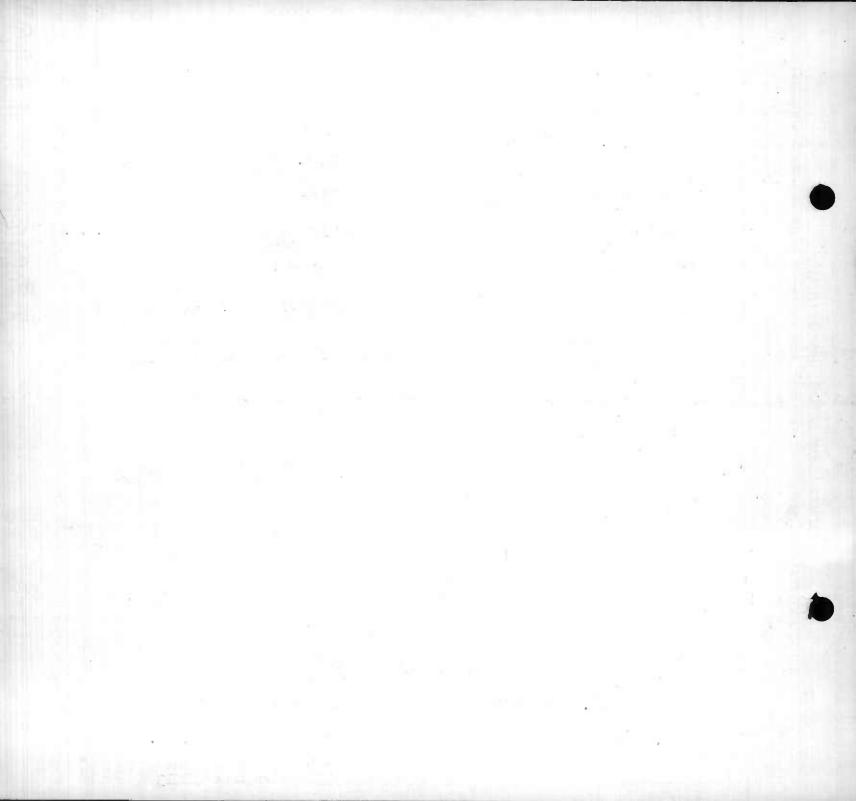
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

CORLYBAM HT W A ... A ... AA . AA . O February LT, WE. B. February S. The same of the sa

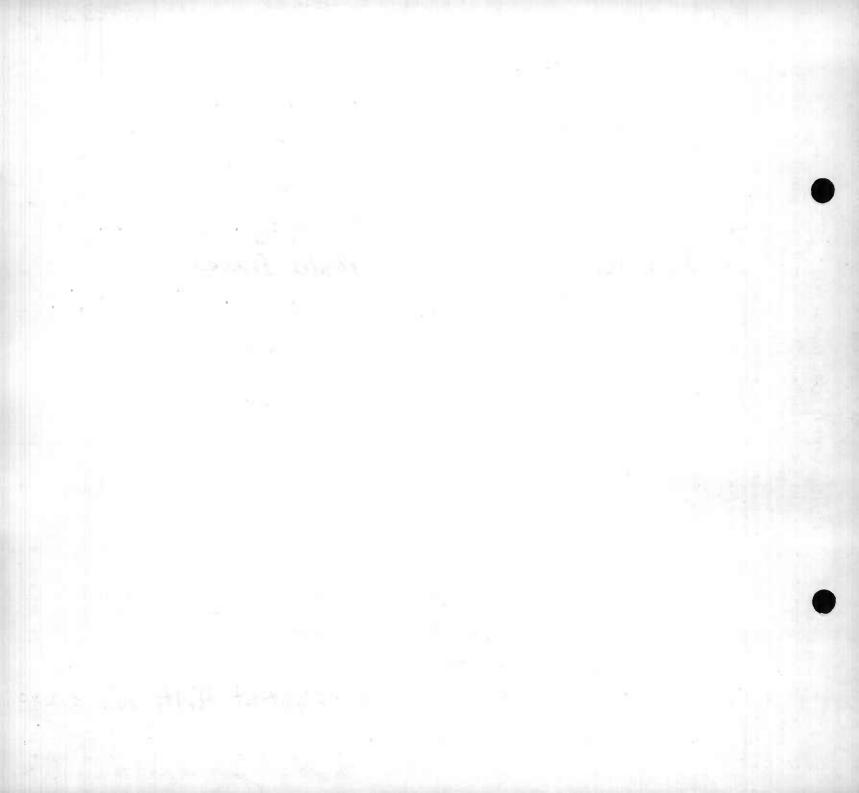
VS 150-REV. 1/1/68

V. 520	CO. DOAD BALTIMORE C	ITY HEALTH DEPARTMEN	IT (	8- 2348
BIRTH NO.	68-2348 CERTIFIC	ATE OF DEAT	H REG. NO.	
I, NAME OF DECEASED			TE AND HOUR OF DEATH	
(Type or Print) KING. V	era	F	ebruary 23, 1968	
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, if institution of the country)	lution: residence before admissio
FULL NAME OF (IF NOT IN H	OSPITAL OR INSTITUTION, GIVE STREET	Maryland	~11	m 11
HOSPITAL OR ADDRESS OR	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	C. CITY OR TOWN	D. MISIDE	CITY LIMITS !
114 E. Rand	all Street 21 220	Baltimore		ES NO X
TIH E. Raild	ell Street 21230	E. STREET AND NUMB		3 000
		,		21230
female white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	11/15/08	59 yrs	If Under 1 Yr. If Under 24 H Aonths Doys Hours Min.
done during most of working life, even if re housewife	of work 108, KIND OF BUSINESS OR INDUSTRIES  at home	Italy	or foreign country)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
George Butera		Caroline ?		
5. Was Deceased Ever in U. S. Arme	ed Forces? 16. SOCIAL	17. INFORMANT	,	ADDRESS
(Yes, no or unknown) (If yes, give wor o	r dates of service) SECURITY NO.	Andham Vi	a hughend shee	-0
no	CAUSE OF DE		g, husband, abou	APPROXIMATE INTERVAL
ANTECEDENT CA  DISEASES OR CONDITIONS, rise to the abave cause UNDERLYING CONDITION las  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN I	if any, giving (A) stating the st. (C)	rheumator	at Diseased attrite	- Z
19A. DATE OF OPERATION 19B.	N PART 1 (A).  CONDITION FOR WHICH OPERATION S PERFORMED	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE ODEATH (notify medical examiner)	PLACE OF INJURY (e. home, form, foctory, street etc.)	g., in or obout 21C. WHERE E., office bldg., INJURY OCCU	DID (If in Boltimore C	City, give exact location)
21D.TIME (Month) (Doy) OF INJURY (APPROX.)		While	D INJURY OCCUR?	100
that (1) (we) last saw the dec			nd that in(my) (aur) apinio	an death accurred an the c
	s stated abave. (1) (We) (did) (did no	t) view the bady after de		3B. DATE SIGNED
23A. SIGNATURE Larry	Deilee Who	Attending Med. Director	Shaff Phys.	2/24/6
	rry Deibel		The second of th	/ /
24A. BURIAL CREMATION, 24B. DA		CREMATORY 2	4D. LOCATION (City.	town, or county) (State
Burial 2/27	/68 Holy Redeemer	Cemetery	Baltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		Funeral Home	ADDRESS

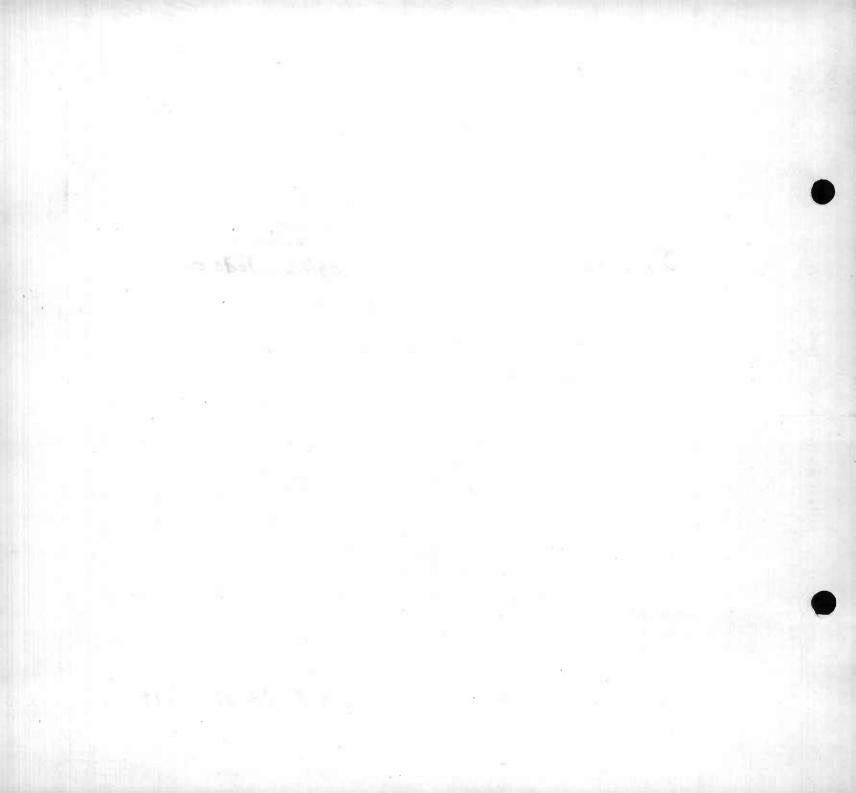


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  SOUTH GALTIMORE GENERAL  I HOSPITAL  S. SEX  S. SEX  S. RACE  WIDOWED  INVIDOWED  INVIDORED  INVIDOWED  INVIDORED  INVIDORED  INVIDORED  INVIDORED  INVIDORED  INVIDORED  INVIDORED  INVIDORED  INVIDORED	H DEPARTMENT	68-2349
INAME OF DECEASED  Type or Print  SPACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL ASTATE  FULL NAME OF ADDRESS OR LOCATION)  INSTITUTION, GIVE STREET  HOSPITAL CRITICAL COUNTY  SOUTH GALTIMORE GENERAL  10A. USUAL OCCUPATION (Give kind of workflose, Kind Of Business or Industry 1). Birth done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of workflose, Kind Of Business or Industry 1). Birth done during most of working life, even if retired)  15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give war or doles of service)  15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give war or doles of service)  16. SOCIAL  17. INFOB  18. 7   CAUSE OF DEATH  (This does not meen the mode of dying, e.g., heori follure, osthenia, etc., It means the diseose, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the observe cause (A) stating the UNDERLYING CONDITION lost.  20 DIFERSISHIFICANT CONDITION S. (C)	F DEATH REG. NO	0. 00 6040 4
Type or Panty CIRL COULTER.  3. PLACE IN SALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  3. PLACE IN SALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL A STATE FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  SOUTH SALTIMORE GENERAL  100. LUNGTH SALTIMORE GENERAL  101. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTH done during melt of working life, even if retired)  102. FATHER'S NAME  103. FATHER'S NAME  104. MOTH  105. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (Ill yes, give wor of doles of service)  106. SOCIAL SCURITY NO.  107. INFO BEATH  108. TO THE ADDING TO DEATH  109. CAUSE OF DEATH  119. CAUSE OF DEATH  119. CAUSE OF DEATH  120. CAUSE OF DEATH  13. FATHER'S NAME  14. MOTH  15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (Ill yes, give wor of doles of service)  16. SOCIAL SCURITY NO.  17. INFO BEATH  17. INFO BEATH  18. TO THE COUNTY NO.  18. ON THE COUNTY NO.  198. CAUSE OF DEATH  199. CAUSE OF DEATH  199. CAUSE OF DEATH  199. CAUSE OF DEATH  199. OR AS A CONSECTION OF AS A CONSECTION OR CONTRIBUTING OR	2. DATE AND HOUR OF DE	FATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUA A. STATE FULL NAME OF ADDRESS OR LOCATION INSTITUTION, GIVE STREET LOSPITAL  5. SEX  6. RACE  7. MARRIED NEVER MARRIED S. DATE C. WIDOWED DIVORCED 2-2  10A. USUAL OCCUPATION (Give kind of working life, even if refired)  NOME  13. FATHER'S NAME  14. MOTH  15. Was Deceased Even in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor of doless of service)  16. SOCIAL SECURITY NO. IN OMN  18. 7	2-24 68	1435
FULL NAME OF ADDRESS OR LOCATION, GIVE STREET SOUTH GALTI MORE GENERAL    140SP1TAL		If institution: residence before admission
ADDRESS OR LOCATION)  SOUTH GALTIMORE GENERAL    1-05P1TAL	E B. COUNTY	in institution: residence delitre damission)
SOUTH GALTIMORE    103   140   174	Vland Baltim	. INSIDE CITY LIMITS?
126   5. SEX	nn Bernie	YES NO
S. BEX	South Bridge Dr	ive
WIDOWED   DIVORCED   2 - 2	OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
10. USUAL OCCUPATION (Give kind of work lose, KIND OF BUSINESS OR INDUSTRY   11. BIRTH done during most of working life, even if retired)   NOME	23-(18 last birthday)	Months Doys Hours Min.
Second   S		12, CITIZEN OF WHAT COUNTRY?
14. MOTH   15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFOB   18.   7		12. CHIZEN OF WHAT COUNTRY
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or Unknown) lif yes, give wor of doles of service)  10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	timore, Md.	U.S.
15. Was Decassed Ever in U. S. Armed Forces?   Yes, no or unknown)   (If yes, give wor or doles of service)   16. SOCIAL   17. INFOB SECURITY NO.   10	HER'S MAIDEN NAME	
Tes, no or unknown) (If yes, give wor of dales of service)  1	14/1is Peace	
IB. 7 C. 9   CAUSE OF DEATH    DISEASE OR CONDITION DIRECTLY   LEADING TO DEATH	8MANT 196 C	. Bridge Dr.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heort foilure, osthenio, etc. It meens the diseose, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION MAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED While AT Work AT Work  (A) IMMEDIATE CAUSE F.C.  DUE TO, OR AS A CONSEQ  (B)  IMMATU  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (E)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (C)  DUE TO, OR AS A CONSEQ  (B)  DUE TO, OR AS A CONSEQ  (C)  DUE T		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (C)	GOWING! GI	enn Bernie Md.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While AI Not White At Work  22. I certify that (this hospital) attended the deceased from 2-23-1  that (I) (we) last sow the deceased alive on 2-24-68 19  and hour and from the couses stated above. (I) (We) (did) (did not) view the beautiful of the couses stated above. (I) (We) (did) (did not) view the beautiful of the couses stated above. (I) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did) (did not) view the beautiful of the couses stated above. (II) (We) (did		
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23A. SIGNATURE  Attending DEGREE Phys.  23C. PHYSICIAN'S DEGREE Phys.  23D. ADDR  LARRY IDSEPH WARNER M.D.  DEGREE 72/3		
23C. PHYSICIAN'S DEGREE Phys. 23D. ADDR NAME (Type) LARRY IDSEPH WARNER M.D. DEGREE 213	bady offer deofn.	DATE CICALED
23C. PHYSICIAN'S DEGREE Phys. 23D. ADDR  LARRY IDSEPH WARNER M.D.  DEGREE 72/3	Mod C State C	23 B. DATE SIGNED
23C. PHYSICIAN'S / 23D. ADDR NAME (Type) LARRY IDSEPH WARNER M.D. DEGREE 13.	Med. Stoff Phys.	2-25-68
LARRY DOSEPH WARNER M.D. DEGREE 1213		
DEGREE 2 1.3	1:1+0+0	14 1/ 230
	AIGHT 3/ Ba	(Crity, town, or county) P (Stote)
Burial 2/26/1968 Greenwood Mem. Cem	metery Lower Bur	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. F	FUNERAL DIRECTOR	263 S Lore Stary
YS 150-PEV 1/1/AR	1.11. 11. 1. 1. 1. 1.	ma Ballecrain Mil
	metery Lower Bur	ell-Westmoreland,



			0000		HEALTH DEPARTMENT	10	68- 2350 V
( -	43	568	- 235(	CERTIFICA	TE OF DEATH	REG. NO.	V 0000 V
BIRTH N	0. 68	1-03495		CERTIFICA			
(Type of	OF DECE Print)		0 4 4			AND HOUR OF DEATH	11 15
		GIRL COULTE		NOTE DIAD		25-68	Am.
3. PLACI	E IN BALI	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE B. COL	INTY	stitution: residence before admission)
FULL NA HOSPITA INSTITUT		(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Maryland c. City or town	Baltimore D. INSI	DE CITY LIMITS?
801		BALTIMORE HOSPITAL	GENER	CAL	Glenn Berni	е	YES NO
4	3	10			126 South	Bridge Driv	ve
S. SEX		6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In yeors	If Under 1 Yr, . If Under 24 His.
=	-	W	WIDOWED	_	2-23-68	tost birthdoy)	Months Doys Hours Min.
IÓA, USU	AL OCCU	PATION (Give kind of work	_		11. BIRTHPLACE (State or fo	reign country)	12, CITIZEN OF WHAT COUNTRY?
		orking life, even if retired)			Doll 44 money	NA .	TT C
	one	-	none		Baltimore,		U.S.
13. FATH	ER'S NAN	NE O			14. MOTHER'S MAIDEN N.		
	John	2 12 . Con	lter		Phullis	Pedce	
15. Wos I	Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. HIFORMANT		ADDRESS
	Unknown	tit yes, give woi oi dote	s of service/	SECURITY NO.	John Coulter	Jr. 120	
no				CAUSE OF DEAT		Glenn	Bernie Nd.
18.	76.	9		CAUSE OF DEAT			BETWEEN ONSET AND DEATH
		E OR CONDITION DIR LEADING TO DEATH	RECTLY				
(This		Il meon the mode of	dvina o a	(A) IMMEDIATE CAL		ELECTASIS	
		asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
injur	y ar com	olication which coused	death.)				
	A	NTECEDENT CAUSES		to Itali	MATHRE DS	FLIVERY	
DISE	ASES O	R CONDITIONS, if	ony, giving	DUE TO, OR AS	MATURE DE	JULY CAUL	~~~~
rise	ta the	above cause (A)					TO COMPANY THE
UNI	DERLYING	CONDITION lost.		(c)			. 9
- 76	2.5	11					
		CANTICONDITIONS COL					
▼ DISE.	ASE OR CO	NDITION GIVEN IN PAR	T 1 (A).				
E 19 A.	DATE OF	OPERATION 198 CON		HICH OPERATION	20A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
19A.							
OR C		T WAS UNDERLYING TING CAUSE OF		PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
		medical examiner)	etc.)				
		(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2 01 11	ROX.)			e At Not Whit			
IAIT	KUM/		Work				
22.	certify	that (1) (this hospital	Pattended th	e deceased fram	L - <b>28</b> -68	19 68 to 2-	25-68 1968,
that	(1) (we)	last saw the decease	d alive an	2 - 25 -68	19.68 and	that in(my) (aur) api	nian death accurred on the date
and	haus and	from the causes stat	ed abave		iew the bady after death		
	SIGNATU		ed abave. (i)	(me) (did) (did iidi) v	lew the bady after death	•	23B, DATE SIGNED
		10. ()	Harris	Atte	nding Med.	Staff P	
	Xu	my Joseph 1	ramer	DEGREE	Director	Phys.	2-25-68
23C.	PHYSICIA!	Pe)			23D. ADDRESS	, 0	. , 1 ,
	LARK		WARNE	e	1213 6.26	L ST Kal	to md 21230
24A. BUR		AATION, 248. DATE	24C. NA	ME of CEMETERY of CRI	MATORY 24D,	LOCATION (Ci	ty, town, or countrienna (Stote)
900	AOVAL (S					owen Dunel	
	rial			eenwood Mem			l-Westmoreland,
25A. DA	IE REC'D	O 4000	2SB. NAME O	REGISTRAN	2SC. FUNERAL DIRECTO	263	S. Lonkling
1	北日乙	2 1200 APP	an .		tocatel 11. 3	112826260.	Baltemere / mo
					and the state of the state of the		

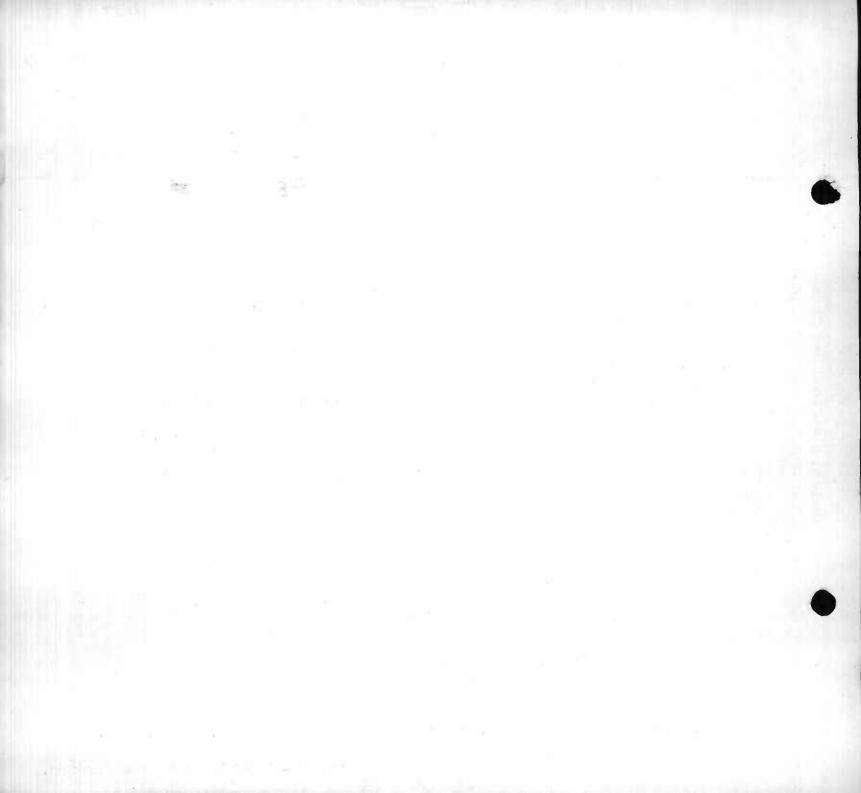


VS 150-REV. 1/1/6B

21212

Md.

Balto..



HOREY HOLF E WHOM JALT 1970 Comerce Heise Conversed Home To. Acres or Language Com warning District Pass as Deve to Peterse on Marcy Hose

V\$ 150-REV. 1/1/68

12:30

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stote)

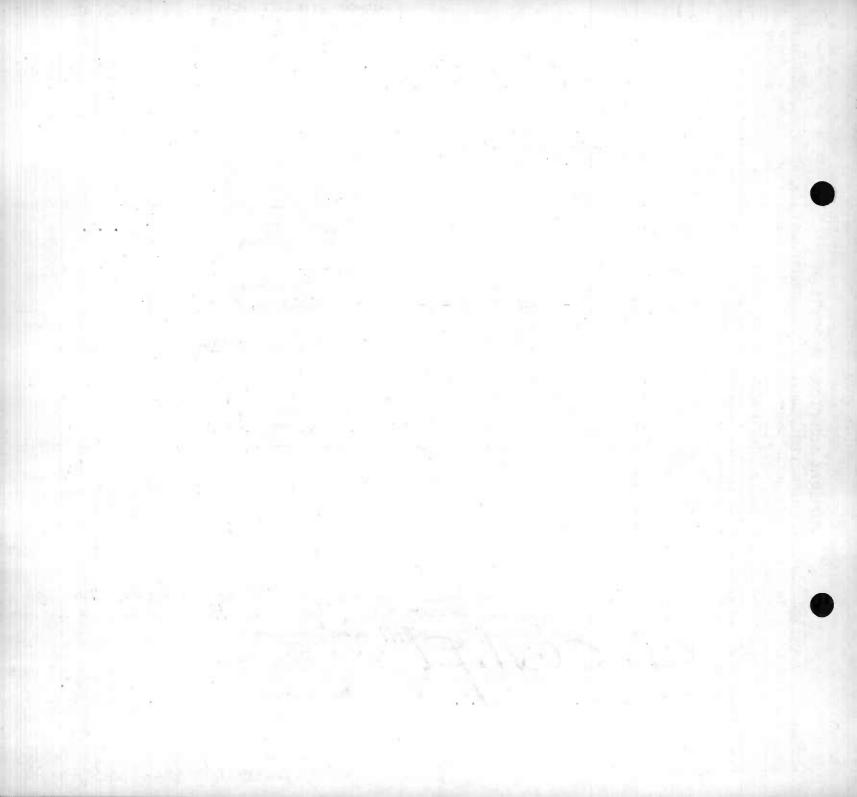
ADDRESS GA

7114

ADDRESS

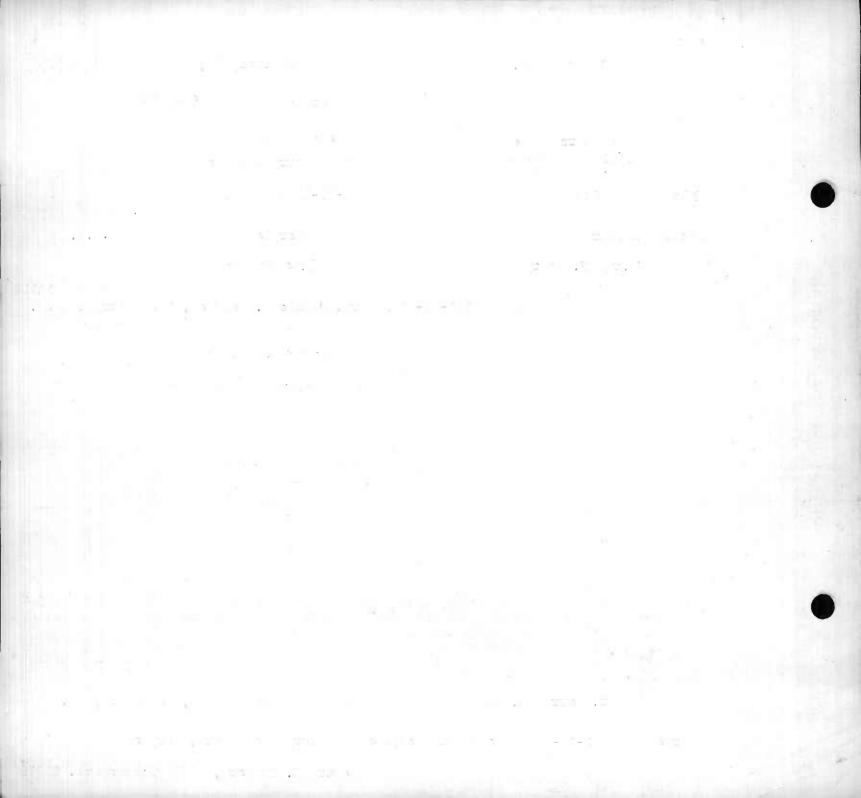
1 month

If Under 24 Hrs.



FUNERAL DIRECTOR: IMPORTANT

11 ,	6 00	000	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68- 2354
H-56	0 68	- 235	4 CERTIFICA	TE OF DEATH	REG. NO	00 2004
IRTH NO.	Tra ced				AND HOUR OF DEATH	
ype or Print)	GEORGE	F.	HENRY		uary 26, 1968	11
PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (W	here decoased lived. If i	
				Maryland	Baltin	more/
OSPITAL OR	ADORESS OR LOCA	AL OR INSTITU ATION)	UTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
STITUTION						YES NO
00	Hood Nursing	g Home		E. STREET AND NUMBER	e	113
70	5213 Edmonds	on Aven	ue	200 Cherryd		
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	White	WIDOWED	= =	11-17-1880	87	Months Doys Hours Min.
A. USUAL OCC	UPATION (Give kind of work			11. BIRTHPLA CE (State or f		12. CITIZEN OF WHAT COUNTR
	working life, even if relired)			9.2		II C A
Retired				Mary 1.		U.S.A.
	George F. Hen				h Scheid	
Wos Decessors, no or unknow	d Ever in U. S. Armod For n){(If yos, give war or date	rces? es of sorvico)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2122
			212-01-2265	Mrs. Nellie M	. Hoffman, 20	00 Cherrydell Rd.
1B. / / -	0 0 1	7374 =	CAUSE OF DEAT			APPROXIMATE INTERVAL
PISEA	SE OR CONDITION DI	RECTLY		4 /-		BETWEEN ONSET AND DEA
DISEA	LEADING TO DEATH	RECILI		115 10000	le ti	
(This does	not mean the made al	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	emore	
heart failure	, asthenia, etc. It means	the disease,		A CONSEQUENCE OF:	1 1	the second second
injury ar co	mplication which caused	death.)	Capo	ha Varcul	in allaeaa	e -
	ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if	any, giving		A CONSEQUENCE OF:		
	ne abave cause (A)	stoling the				
UNDERLIIN	G CONDITION last.		(c)			
422.			1x allen	man / Janeles	sema	
	FICANT CONDITIONS CO		from	Laster Land		
DISEASE OR	CONDITION GIVEN IN PAR	RT I (A).	<i>V</i>	1004	N N 000	
19A. DATE O	F OPERATION 198. CON	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yos or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A ACCIDI	ENT WAS UNDERLYING	7 210	PLACE OF INITION (C	n or about 21C WHERE DID	fit in Bolica	re City nive evert leastien)
OR CONTRIB	UTING CAUSE OF	hom	ne, form, foctory, street, o	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(ii iii Bollimo	re Cily, give exact location)
	y medical examiner)	etc.				
21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(A PPROX.)		Wh	ite At Not While			
22 1	1 - (1) (1) 1			Orien 20	1066.	Leb. 25 1968
	y that (1) (this hospita		- 1.1	Jan 19	19 66 to 5	
thot (I) (me	lost saw the decease	ed olive on	Jett 2	1968 and	that in (my) (aur) op	inion death occurred on the d
ond hour of	d from the couses sta	ted obove. (I	I) (We) (did) (did not) v	riew the body ofter deat	h.	
23A SIGNAT		16	7			238. DATE SIGNED
1	May 4	1	MD AH	ending Med.	S taff	2-26-68
	Henry XI	My	DEGREE Phy	s. Director	Phys.	6 26-60
23 C. PHYSICI		0	0 /	23D. ADDRESS		
	Dr. Harry	L. Kni	pp /	4116 Edmonds	on Avenue, B	altimore, Md.
A. BURIAL CR	EMATION, 24B. DATE		AME of CEMETERY of CR	EMATORY 24D	LOCATION (C	City, town, or county) (State)
REMOVAL		060 Bol	lainean Mati	al Cometant	oltimore Me	ruland
Burial	2-29-19		ltimore Nation		Baltimore, Ma	ryland
TED O	1000	ZOB. NAME	OF REGISTRAR	25C. FUNERAL DIRECT		
I-ED 29	1968 R.C. B	18 Ja.	Dec. 91 3	Howard H. Hu	ibbard, 4107	Wilkens Ave. 21229
S 150-REV. 1/1	/6B		7			



Holy Redeemer Cemetery

25C. FUNERAL DIRECTOR

Baltimore, Maryland

Howard H. Hubbard, 4107 Wilkens Ave. 21229

**ADDRESS** 

VS 151-REV. 1/1/6B

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

3-1-1968

25B. NAME OF REGISTRAR

Burial

William J. Manight dented of and markets of the state of the contract 

A SECOND LANGUAGE AND COMPANY OF THE SECOND ASSESSMENT OF THE SECOND AS

1-000	6802357 BALTIMORE CITY HEALTH, DEPARTMENT
2 0 0 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-	2357

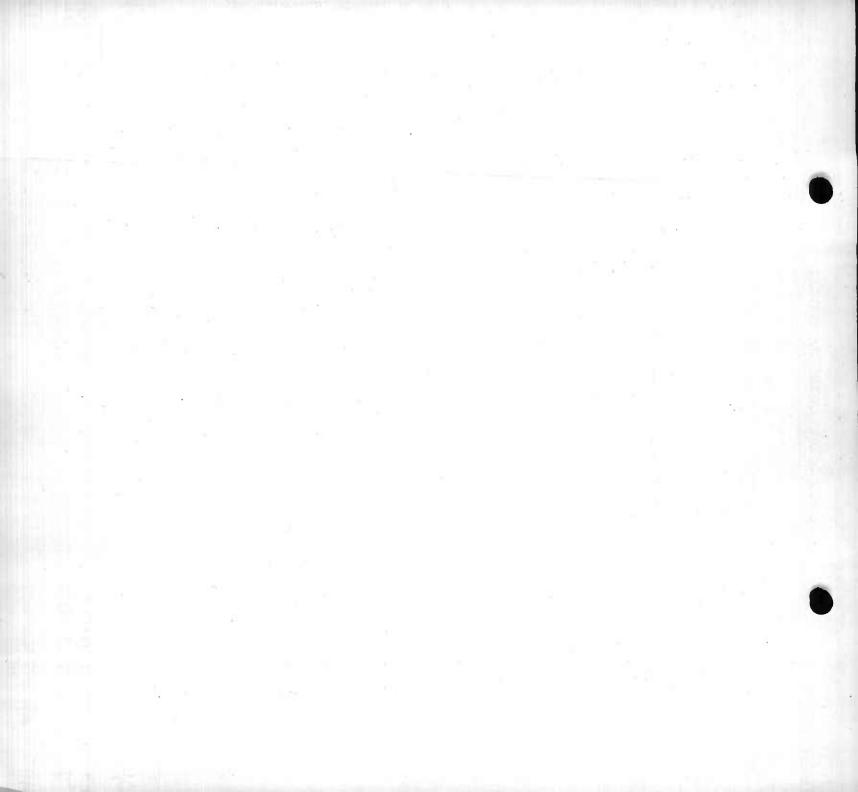
BIRTH NO.		MILL	JICA	LEXAMINERS	CLKIII	CAILOI	DLAII	REG. NO	0	
I. NAME OF DE	CEASED		41		2. DATE	Known 🔲	Month	Doy	Yeor	Hour
(Type or Print) ROSA				LEE	DEATH	Estimoted XX	Februa	ry 26	1968	8:15 P.M.
	TIMORE, MA	ARYLAND.	WHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour /
FULL NAME OF	, ,			STITUTION, GIVE STREET		DUNCED DEAD				
HOSPITAL	ADDRE	ESS OR LOCA	ATION)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Februar		1968	8:15 P.M.
OR INSTITUTION	1	.0134			A, STATE	RESIDENCE (Wher		ed. If institut		before odmission)
() 2526 Jo	seph Ar	venue	(DOA)	<u>k</u>		aryland		S., COUNT	2	ムームム
6. SEX	J7. RACE	4. J. V		RIED NEVER MARRIED	TIC. CITY. O			D. INSIDE	CITY-HMITS?	7
						7				
female	negi			WED DIVORCED L	-14	ltimore			YES X	ио Ц
9. DATE OF BIRT		10. AGE (I		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min	E. SIREEI	AND NUMBER				
10-31-	20	48	.,			26 Joseph	Avenue	4		
11. BIRTHPLACE	State or foreig	gn country)		12. CITIZEN OF		R'S NAME	1			
1.0				WHAT COUNTRY?	1.71.	ne !	PSCO	dine		
TAA USUAL OCCI	IPATION (Giv	ve kind of work	II 4B. KIN	D OF BUSINESS OR INDUST	300			777(3)		
done during most of					111	0	/ -	40.4		
					11/11		oins	Jn .		
16. WAS DECEAS	ED EVER IN	U.S. ARME	D FORCE	s? 17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS	
N/A	The yes, give	or or doles	OI SEIVIC	257-34-24	4 9.	CTPL				
19.	7 4			CAUSE OF DE		0.0				APPROXIMATE INTERVAL
157	1 1								BET	WEEN ONSET AND DEATH
DISEAS	SE OR COND	DITION DIRE	ECTLY	Systemi	C Tupus	Frythoma	tosis			
	LEADING TO			(A) IMMEDIATE	CAUSE	Erythema	LUSIS			
	not meon the e, osthenio, etc			DUE TO, OF	R AS A CONSE	QUENCE OF:				
injury or co	mplication whi	ch coused de	oth.)							
1 3 2 2										
	NTECEDENT			(B)	D AS A CONS	EQUENCE OF:				
	OR CONDITI				R AS A CONS	EGUENCE OF:			1.00	
UNDERLYI	NG CONDIT	ION LAST.		(c)						
OTHER SIG TO THE DE DISEASE O										
OTHER SIG	NIFICANT CO	NDITIONS C	ONTRIBL	JTING						
O THE DE	ATH BUT NO	T RELATED TO	THE TER	MINAL						
DISEASE O	R CONDITION			FOR WHICH OPERATION \	MAS DEDECOR	MED			21 ALIT	OPSY? (Yes or No)
DATE O	POPERATIO	14 20b. CO	יוטווטוי	FOR WHICH OPERATION	VAS PERFOR	MED			21. AUI	OPST? (Tes of Ito)
. / /										No
	NAL CAUSE			22B. PLACE OF INJURY (e.g.	., in or obout	22C. WHERE DID	(If in Boltimor	e City, give	exoct location	)
UNDERLYING	G OR CON			home, form, foctory, street, of	ice blag., etc.)	INJURY OCCUR?				
	(Month) (I	Doy) (Yed	or) (Ho	ur) 22E.INJURY OCCURRED	,	22F. HOW DID IN	ILLIRY OCCI	IR?		
OF INJURY	(1.101111)	50,7 (100	, (110	'	OT WHILE		.,			
(APPROX.)					WORK					
23.										
I cer	tify that I h	reld on	Inquiry	Inspection X A	utopsy	ond that on t	this bosis,	deoth in m	ny opinion	
resu	Ited from: N	Natural ca	uses X	Accident Suic	ide 🔲 🗈	lamicide 🔲	Undetermin	ned manne	r 🗌	
	-					CHIEF MEDICAL				
ACTUA	11/11	4 1		10						DATE SIGNED
SIGNA		Mal	5	She M	.D. ASS	SISTANT MEDICAL	EXAMINER			0/07/60
EXAMIN	VER'S We	erner l	J. \$6	itz, MD.	ASS	OCIATE MEDICAL	EXAMINER			2/27/68
NAME	(Type)		1							
24A. BURIAL CRE		24B. DATE		24C. NAME of CEMETER	Y or CREMAT	ORY 24D	LOCATION	(City, to	own, or count	
REMOVAL (Spec	(vity)	3-3.	-68			3	Route	mall	مريا	S.C.
Dun	al	_				3	-		9	01-
25A. DATE REC'E		DEPT.		NAME OF REGISTRAR		FUNERAL DIRECT	OR 1	A	ADDRESS	
FEB 2	9 1968	(17.00	77 7	tarber Mil	11.	waring	mad	(1	V	
	- 1000	CI LOSE JES	W -	' described	6.	A - 1	11		-	0
		1000	4	, 400-,	10,	2700 €	drujo	nds	on a	ul,

S.C. June Liebinson

Buriel 3-3-68

publications of

	BALTIMORE CITY HEALTH DEPARTMENT  REG. NO. 68-2358	
	LANGE OF LERTIFICATE OF DEATH	
1. N	NAME OF DECEASED 2. DATE AND HOUR, OF DEATH	
	pe or Print) WAII, Kobert 2/26/68	м.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of the state	00)
FU	OLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	2
IN	STITUTION D. INSIDE CITY LIMITY:	
0	BULLON HILL MUYSING BALLINOVE YES NO LE. STREET AND NUMBER	
1	BOLFON HILL NUYSING BALFINOYE YES NO DESTREET AND NUMBER 2144 WIVISION ST.	
5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Days Haus; Min.	īs.
1	M WIDOWED DIVORCED 6/10/84 88	
	A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11, 81RTHPCACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNT  12. CITIZEN OF WHAT COUNT  13. CITIZEN OF WHAT COUNT  14. CITIZEN OF WHAT COUNT  15. CITIZEN OF WHAT COUNT  16. CITIZEN OF WHAT COUNT  17. CITIZEN OF WHAT COUNT  18. CITIZEN OF WHAT COUNT  19. CITIZEN	FRY?
2	UNKNOWN MARYIAND U.S.	
13.	FATHER'S NAME	
	UNKNOWN	
15. (Ye	Was Deceased Ever in U. S. Armed Forces?    16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.   SECURITY NO.   18.   19.   1	
	217-071090 Admission Record	
	18. APPROXIMATE INTERVA BETWEEN ONSET AND DE	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  GLOCAL STATE OF S	
	heall failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	
	ANTECEDENT CAUSES / Hope tong (V Anone) Tong	
	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
	use to the above cause (A) stating the UNDERLYING CONDITION last.	
	W-13 Y	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CER	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact lacation)	
CAL	OR CONTRIBUTING CAUSE OF home form foctory street office bldg. INJURY OCCUR?	
ā	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21E, HOW DID INJURY OCCUR?	
ME	OF INJURY  While At Work  At Work	
	22, I certify that (I) (this hospital) attended the deceased from 2/9 1968 to 2/6 1968	-
	that (I) (we) lost sow the deceased olive on	
	ond hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter death.	-14
	23A. SIGNATURE 23B. DATE SIGNED	
	Attending Phys. Director Phys. Director Phys. D	
	23C. PHYSICIAN'S NAME (Type)  A  A  A  A  A  A  A  A  A  A  A  A  A	
	NAME TYPE ALLAN H MACHT 2 E Read St Bett nd 2/202	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State	2)
1	REMOVAL (Specify)  TB was - 3-168 MA Quile Day Com Bestomore End	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 5.75	-
	B 29 1968 R. O. B. E. Farbeyna Birs mances a Hemsled w Biddle	46
VS	150-REV. 1/1/68	



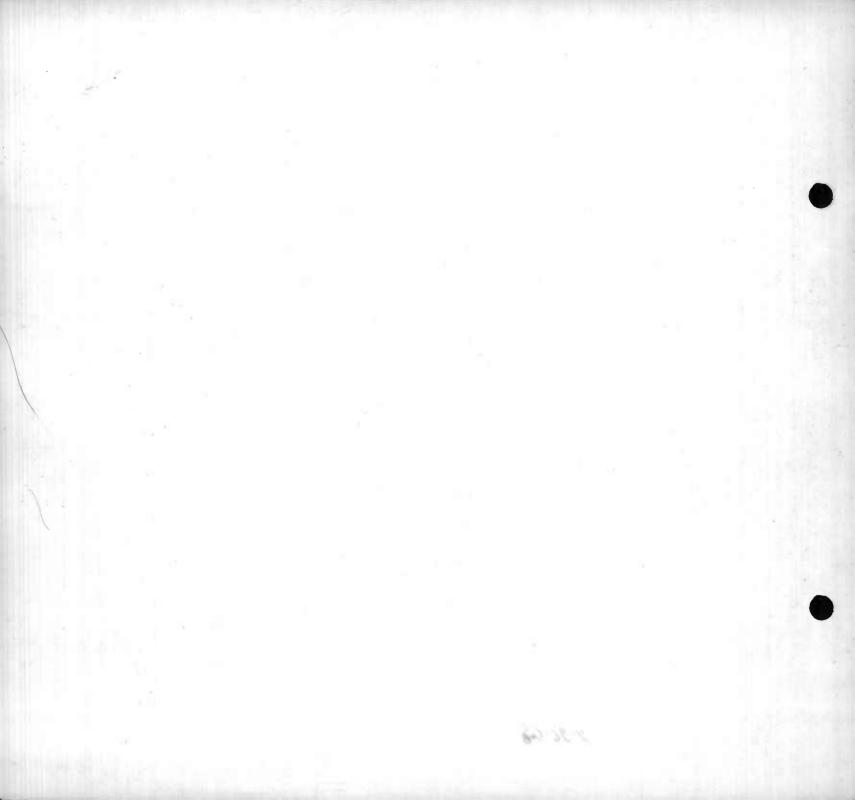
68-2359 BALTIMORE CITY HEALTH DEPARTMENT

68- 2359 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.										REG. NO.			
1. NAME OF DECEASED (Type or Print)  WILLIAM WALLS						2. DATE OF	Known	_	lonth	Doy	Yeor	Hour	
					1010 0-10	DEATH	Estimoted						М.
4. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO		AL OR INS		GIVE STREET		UNCED DEAD	Fe		y 26,		1:15 A	A . <sub>M.</sub>
00 2	807 Wal	lbrook				A. STATE	Marylan			COUNTY	11	21	17 2010050:
6. SEX	7. RACE		B. MARR	IED 🗆 r	NEVER MARRIED	C. CITY OF				D. INSIDE CI	TY MITS?	UK	A STATE OF THE PARTY OF THE PAR
Male	Negr	0	WIDOW	VED 🔀	DIVORCED		Baltimo	re	= 111	Y	ES A	NO 🗌	
9. DATE OF BIRTH		10. AGE (II		If Under Months	1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	and Numbe 2807 Wa		ok A	VE.			
11. BIRTHPLACE (S	tate or foreig	n country)		12. CITI		13. FATHER	'S NAME						
North Ca					US. A.		drew Wal						
14A.USUAL OCCUI	PATION (Give	e kind of work	14B. KIND	OF BUS	INESS OR INDUSTR	15. MOTHE	R'S MAIDEN	NAME					
Laborer			Stee	1 ME	11	El:	Iza McLe	ean					
16. WAS DECEASE	O EVER IN	U.S. ARMED	FORCES	5? 17	SOCIAL SECURITY NO.	1B. INFOR	MANT			A	DDRESS		
No				2	15-01-1037	Cha	rles S.	Wall	- 1	734 Sou	th St.	., Phila.	.Pa.
19.	2.0				CAUSE OF DEA	TH						PPROXIMATE INTERV	
(This does no heart failure,	E OR COND EADING TO of meon the osthenio, etc. plicotion whice	DEATH mode of dy	ing, e.g.,		(A)IMMEDIATE		re and a cardiov						000001
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	PR CONDITION ABOVE CAN IG CONDITION IFICANT CON ITH BUT NOT	ONS, IF ANY USE (A) STA ON LAST.  II NOTIONS CORELATED TO	ONTRIBUTHE	TING	(B)	AS A CONSE	QUENCE OF:						
20A. DATE OF					ICH OPERATION W	AS PERFORM	MED				21. AUTO	OPSY? (Yes or N	10)
0						No							
V 22Å. EXTERI UNDERLYING UTING □ CAI 22D. TIME (OF INJURY (APPROX.)	USE OF DEA	TRIB-		home, for	CE OF INJURY (e.g., m, foctory, street, office NJURY OCCURRED NOT	e bldg., etc.) l	22C. WHERE D NJURY OCCU 22F. HOW DIE	JR?					
23.				m. WOR	K L AT V	ORK [							
1 certi	R'S Ch	atural cou	5.	Acci	spection X Audent Suicion  M.C. gate, M.D.	de H	ond that a omicide C CHIEF MEDIC ISTANT MEDIC DCIATE MEDIC	Und CAL EXA	determin MINER MINER	X		DATE SIGNED	o
24A. BURIAL CREA	AATION, 2	4B. DATE		24C. N	AME of CEMETERY	or CREMATO	ORY :	24D. LOC	CATION	(City, town	n, or county	(Stote)	
REMOVAL (Special Burial	γ)	2-29-6	8	Mt	. Auburn			Be	altim	ore, Ma	rylan	d	
25A. DATE REC'D					REGISTRAR	25 C.	FUNERAL DIR				DDRESS		
FEE	29 19	168 (P	Dree &	12.	Far Bound	Cha	rles R.	Law	802	Madiso	n Ave		

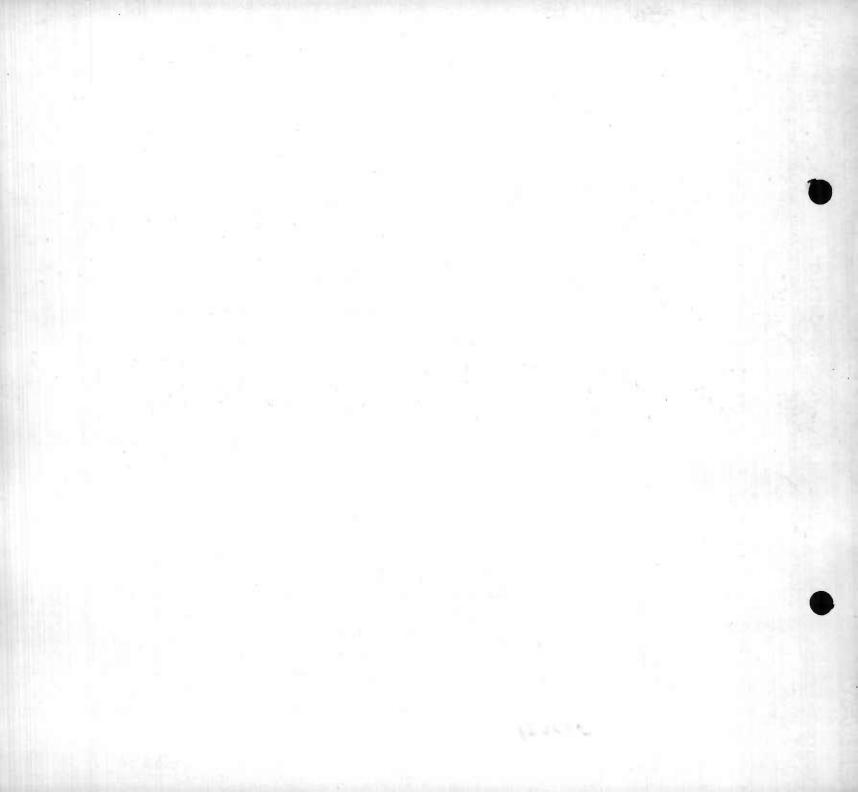
FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2360					
W-436 68- 20	GERTIFICA	TE OF DEATH	REG. NO	00 2000					
	CERTIFICA		D 110112 OF DEAT						
1. NAME OF DECEASED (Type or Print)  ALAN WOOLDR	IDGE	2, DATE AN	D HOUR OF DEATH	68 1 1:35 PM					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO				institution: residence before admission)					
		A. STATE B. COUN		( )					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  NOTIFICATION  HOSPITAL  HOSPITAL		C. CITY OR TOWN  BALTIMORE  E. STREET AND NUMBER							
					38		850 W. BA	117 57	
					5. SEX   6. RACE   7. MADD!			9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MALE CALL WIDOW	ED NEVER MARRIED DIVORCED		lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even if retired)									
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AF						
13 TATTER 3 HAME		THE THE STATE OF T							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
	CAUSE OF DEATI			APPROXIMATE INTERVAL					
16431.0			BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			unknown,						
(This does not mean the mode of dying, e	SE PATRACEREBRA A CONSEQUENCE OF:	L HEMORRA	196E Prob. L24 hour						
heart foilure, asthenia, etc. It means the disea	ise,	A CONSEQUENCE OF:							
injury at complication which coused death.)									
ANTECEDENT CAUSES	(8)	HYPERTENS!	ON	unknown					
DISEASES OR CONDITIONS, if ony, giv		A CONSEQUENCE OF:							
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(c)								
33/x II									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG								
TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL								
19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED					
WAS PERFORMED			IN CERTIFICO C.	Addition of Death.					
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (If in Boltimore City, give exact loc of CONTRIBUTING   CAUSE OF   CAUSE OF   Contract of the contract				ore City, give exact location)					
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUP?						
S OF INJURI	While At Not Whil								
(APPROX.)	Work At Work								
22. I certify that (I) (this haspital) attende	ed the deceased fram	9:35 u.m. 2/12 1		1:35 pm 3/12 19 48					
that (1) (we) last saw the deceased alive of	an	10 19 68 and the	at in (my) (aur) ap	oinian death accurred an the dat					
and haur and fram the causes stated above									
23A. SIGNATURE	(3,00)			23B. DATE SIGNED					
I I I VA		ending Med.	Staff Phys.	Feb. 12, 1968					
Touca M. Slugg, Mr	DEGREE Phy		Phys.	1-20.12,1948					
23C.PHYSICIAN'S NAME (Type)		ANATOMY RO	A D DV O DS A	4-ADVI AND					
RONICA M. KLUGE	M.D. DEGREE	त्यक्षाणस्राह्म	an Houp I	TARYLAND					
	NAME of CEMETERY OF CR	UNIVERSITY".	VIEDICAL"	SCHOOL (Stote)					
25A. DATE REC'D BY HEALTH DEPT.   25B. NAN	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS					
FEB 29 1968 Robert & Fa		MORIUAN	Y SERVIC	E - BCID					
16 160 061/ 1/1//0									



	1-75		0001	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68- 2361	11
7-	56 20117	68	2361	CERTIFICA	TE OF DEATH	REG. NO	00 2001	-
L. NAME	OF DECEASED			1 1	2. DATE AN	ID HOUR OF DEAT	H	
(Type or		4.611	Ban	MALN SAL	V.	7,-19-1	918 11.25	PM
3. PLAC	E IN BALTIMORE, MA	RYLAND, WHER	RE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (Who		institution: residence before ad	mission)
		V	U		A. STATE B. COUN	2000	# 215 0.00	4
HOSPITA	L OR ADDRE	SS OR LOCATION	OR INSTITUTION)	ON, GIVE STREET	C. CILY OR TOWN	alla	ISIDE CITY LIMITS?	
INSTITUT	TION				Ballinan	=	YES NO	
H	3			. 1.	E. STREET AND NUMBER		123 110 1	
Sau	Ha Ballin	MARE 1	CONCI	na 1 Heso.	1.34 Mi	dlaNel	AVE	-00
S. SEX	6. RACE	7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under	
m	Na		WIDOWED	DIVORCED	1 17 10	lost birthdoy	Months Doys Hours	Min.
IOA. USU	AL OCCUPATION (Giv	1/0.		JSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT CO	UNTRY?
	ng most of working life, e				12 11.	.a 10 a	1	
					Baltil	no1'E, 170	Ø.	
13. FATH	ER'S NAME		1		14. MOTHER'S MAIDEN NA	ME /	1 1	
	BENIA	miN	ILAN	VES	13ar	bara	Unh IY SON	
15. Was	Deceased Ever & U. S	Armed Forces	? 16	SECURITY NO.	17. INFORMANT		ADDRESS	
(103,110 0	dikilowii/ kii yes, give	war or dates of	of Scivices	SECORITI NO.				
18.,	1000 1			CAUSE OF DEAT	H		APPROXIMATE INT	ERVAL
4	DISEASE OR CON	DITION DIREC	TIV		1		BETWEEN ONSET AN	DDEATH
	LEADING 1		,16,	and a contract of		· 77	ENTERNO L	
	s does not mean th			(A) IMMEDIATE CAL	A CONSEQUENCE OF:			
heor	s does not meon the It foilure, osthenio, et ry or complication wh	c. II meons the	e diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	5		
heor	rl foilure, osthenio, el	c. II meons the nich coused dec	e diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	5		
heor	rl foilure, oslhenio, el ry or complication wh ANTECEDEN	c. II meons the nich coused dec IT CAUSES	e diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	) Treem	က(၂)	
heor injur DISI rise	rt foilure, osthenio, et ry or complication wh ANTECEDEN EASES OR CONDIT To the obove	c. II means the nich coused dealer of the couses of the couse (A) states	e diseose, eoth.) y, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Malem	<i></i>	
heor injur DISI rise	n foilure, osthenio, et ry or complication wh ANTECEDEN EASES OR CONDIT	c. II means the nich coused dealer of the couses of the couse (A) states	e diseose, eoth.) y, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Bulean	me	
heorinjur DISI	ANTECEDEN  EASES OR CONDITION  The obove of DERLYING CONDITION  6 3 , 5 1	c. II meons the nich coused decorate CAUSES FIONS, if ony couse (A) stoods to lost.	e diseose, poth.) /, giving oling the	DUE TO, OR AS	A CONSEQUENCE OF:	Bestern	onica)	
DISI	ANTECEDEN  EASES OR CONDIT  To the obove of DERLYING CONDITION	c. II meons the nich coused decent CAUSES  FIONS, if ony couse (A) sto DN lost.	e diseose, poth.)  y, giving loting the	DUE TO, OR AS	A CONSEQUENCE OF:	Blakern	ريرس	
NOILE RISE UNI	ANTECEDEN  ANTECEDEN  EASES OR CONDITION  TO the obove of DERLYING CONDITION  G 3.5  ER SIGNIFICANT CONDITION  THE DEATH BUT NOT R  ASE OR CONDITION G	c. II meons the nich coused decent CAUSES FIONS, if ony couse (A) sto DN lost.  DITIONS CONTENT RELATED TO THE TELEVATED TO THE TELEVATED TO THE TELEVATENT	e diseose, soth,)  y, giving oling the  RIBUTING TERMINAL (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
NOITH TO THE DISE	ANTECEDEN  ANTECEDEN  EASES OR CONDIT  To the obove of DERLYING CONDITION  ER SIGNIFICANT CONDITION  ER SIGNIFICANT CONTINE  THE DEATH BUT NOT R	c. II meons the nich coused decent CAUSES FIONS, if ony couse (A) sto DN lost.  DITIONS CONTENT RELATED TO THE TELEVATED TO THE TELEVATED TO THE TELEVATENT	e diseose, poth.)  y, giving poling the  RIBUTING TERMINAL (A).  MON FOR WHI	(B) DUE TO, OR AS	A CONSEQUENCE OF:	o)  208. IF YES. WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
Peor injur	ANTECEDEN  ANTECEDEN  EASES OR CONDITION  TO the obove of DERLYING CONDITION  G 3 , 5	c. II means the nich coused der CAUSES  FIONS, if ony couse (A) sto ON tost.	e diseose, poth.)  y, giving poling the  RIBUTING TERMINAL (A).  TION FOR WHI	(B) DUE TO, OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or N.	o) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
Heorinjur  DISI rise UNI  7 OTHI DISI 19A. OR C	ANTECEDENT ANTECEDENT OF COMPILED TO STATE OF CONDITION OF CONTRIBUTING CA	c. II means the nich coused decent CAUSES  FIONS, if ony couse (A) stood of the couse (A) s	e diseose, poth.)  y, giving oling the RIBUTING TERMINAL (A). RION FOR WHIRMED	(B) DUE TO, OR AS  (C) ICH OPERATION  ACE OF INJURY (e.g.,	A CONSEQUENCE OF:	o) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED	
PEAN DEAN DEAN DEAN DEAN DEAN DEAN DEAN D	ANTECEDEN  ANTECEDEN  EASES OR CONDITION  TO the obove of DERLYING CONDITION  ER SIGNIFICANT CONDITION  THE DEATH BUT NOT REASE OR CONDITION OF OPERATION  ACCIDENT WAS UN CONTRIBUTING CA  TH (notify medical example)	C. II meons the nich coused determined determined to the couse (A) state of the couse	e diseose, soth.)  y, giving oling the  RIBUTING TERMINAL (A).  TION FOR WHI RMED  218. PL home, etc.)	(C)	20A. AUTOPSY? (Yes or Notifice bidg., INJURY OCCUR?	o) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
PEOLO AL CERTIFICATION OF USE	ANTECEDEN  ANTECEDEN  EASES OR CONDITION  TO the obove of DERLYING CONDITION  ER SIGNIFICANT CONDITION  THE DEATH BUT NOT REASE OR CONDITION OF OPERATION  ACCIDENT WAS UN CONTRIBUTING CA  TH (notify medical exo	C. II meons the nich coused determined determined to the couse (A) state of the couse	e diseose, soth.)  7, giving oling The RIBUTING TERMINAL (A).  TION FOR WHI RMED  218. PL home, etc)	(C).  (B).  (C).	20A. AUTOPSY? (Yes or N. in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	o) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
NEDICAL CERTIFIC ATION  OF 10  Head of the control	ANTECEDENT ANTECEDENT OF CONDITION OF CONDIT	C. II meons the nich coused determined determined to the couse (A) state of the couse	e diseose, soth.)  y, giving oling the  RIBUTING TERMINAL (A).  TION FOR WHI RMED  218. PL home, etc.)	(C).  (B).  (C).	20A. AUTOPSY? (Yes or N. in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	o) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
MEDIO A LO LINE LINE LINE LINE LINE LINE LINE LINE	ANTECEDEN  ANTECEDEN  EASES OR CONDITION  TO the obove of DERLYING CONDITION  ER SIGNIFICANT CONDITION  THE DEATH BUT NOT REASE OR CONDITION GOND THE OF OPERATION  ACCIDENT WAS UNCONTRIBUTING CATH (notify medicol exound the condition of CATH) (notify medicol exound the condition of CATH (no	c. II meons the nich coused determined the coused determined the couse (A) state of the couse o	e diseose, soth.)  y, giving oling The RIBUTING TERMINAL (A).  TON FOR WHIRMED  218. PL home, etc)  Hour)  21E. IN While Work	(C)	20A. AUTOPSY? (Yes or N. in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	o) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
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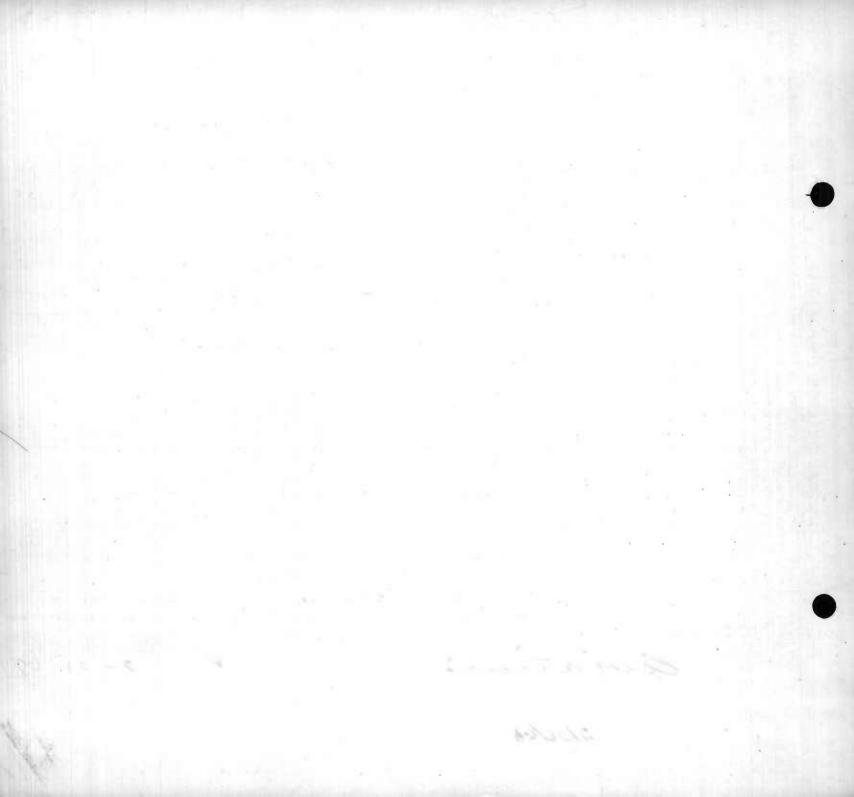
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	USUAL OCCUPATION (Give kind of worduring most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUN
JUI10 C	Alor known		-	Not Known		USA
13. FA	ATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
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S. W	Vos Deceased Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, r	no or unknown) (If yes, give wor or dat	tes of service	SECURITY NO.			- Dantes
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11	18.571.0		CAUSE OF DEAT	H		BETWEEN ONSET AND DE
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MEDICAL CERTIFICATION  AEDICAL CERTIFICATION  THE PROPERTY OF	heart failure, asthenia, etc. It mean injury ar camplication which cause:  ANTECEDENT CAUSE:  DISEASES OR CONDITIONS, it rise to the abave cause (A) UNDERLYING CONDITION last.  Sold I I I I I I I I I I I I I I I I I I I	s the diseased death.)  S any, giving stating to the stating to th	(B) A COLORD DUE TO, OR AS DUE	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJ  19 ond the view the body after death.  23D. ADDRESS	(If in Baltime	AUSES OF DEATH?  Dre City, give exoct location  19  Dinlon death occurred on the
WEDICAL CERTIFICATION  THE STATE OF THE STAT	heart failure, asthenia, etc. It mean injury ar camplication which cause:  ANTECEDENT CAUSE:  DISEASES OR CONDITIONS, it rise to the above cause (A) UNDERLYING CONDITION last.  STATE OF CONDITION INSTALLATED TO DISEASE OR CONDITION GIVEN IN PA 19A-DATE OF OPERATION 19B. COUNTY (APPROX.)  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  22 D. TIME (Month) (Day) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitation of the course state of the course	s the diseased death.)  S any, giving stating to the stating to th	(B) A COLORD DUE TO, OR AS DUE	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJ  19 ond the view the body after death.  23D. ADDRESS	(If in Baltime	auses of DEATH?  Dre City, give exact location  19  Dinlon death occurred on the

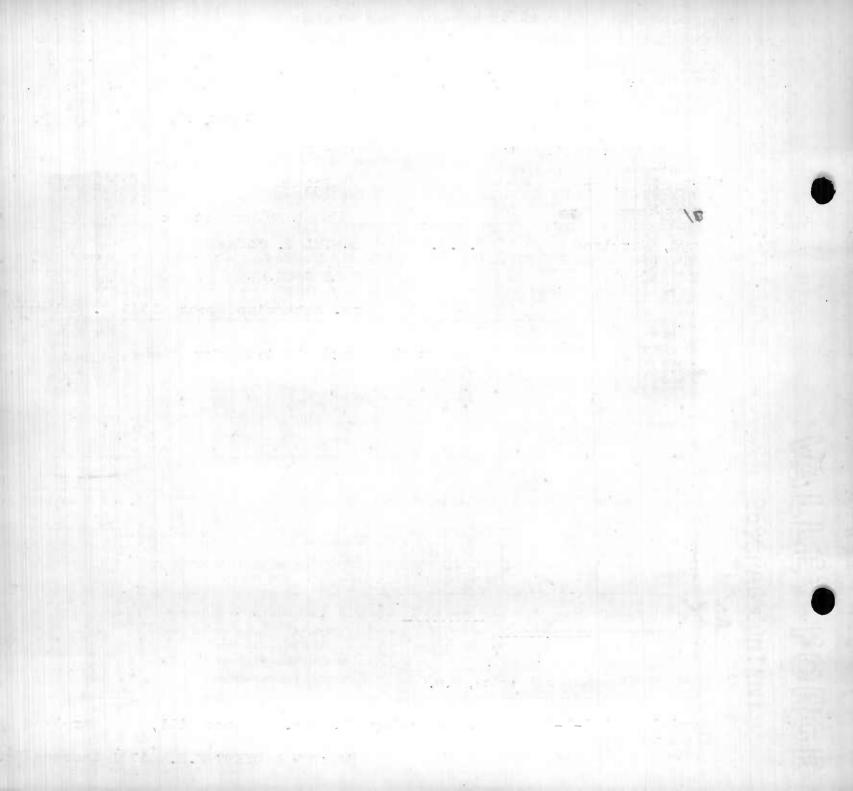


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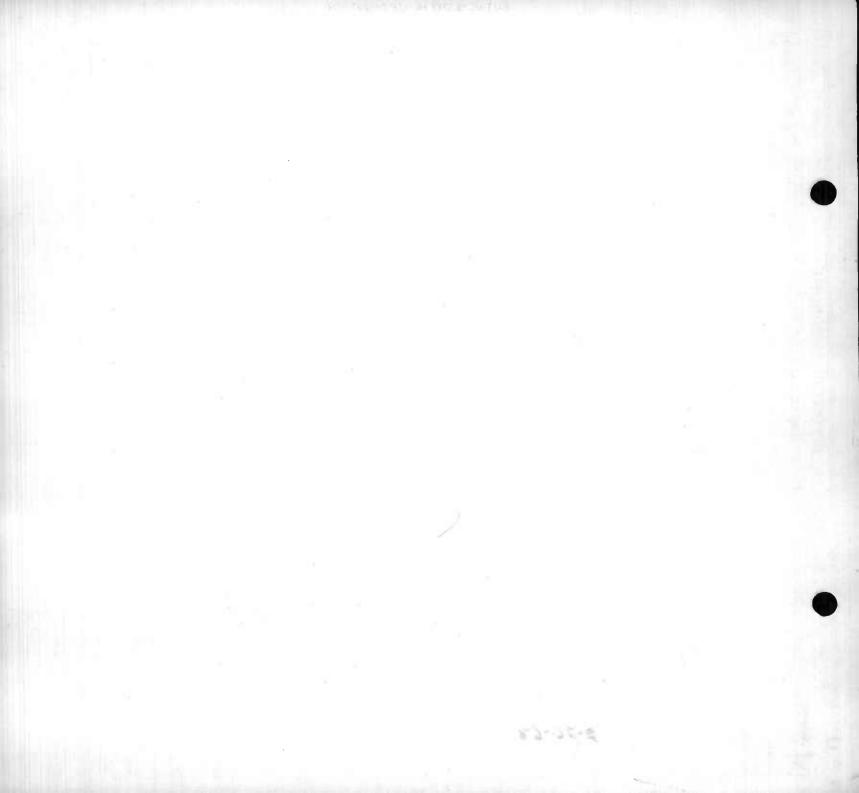
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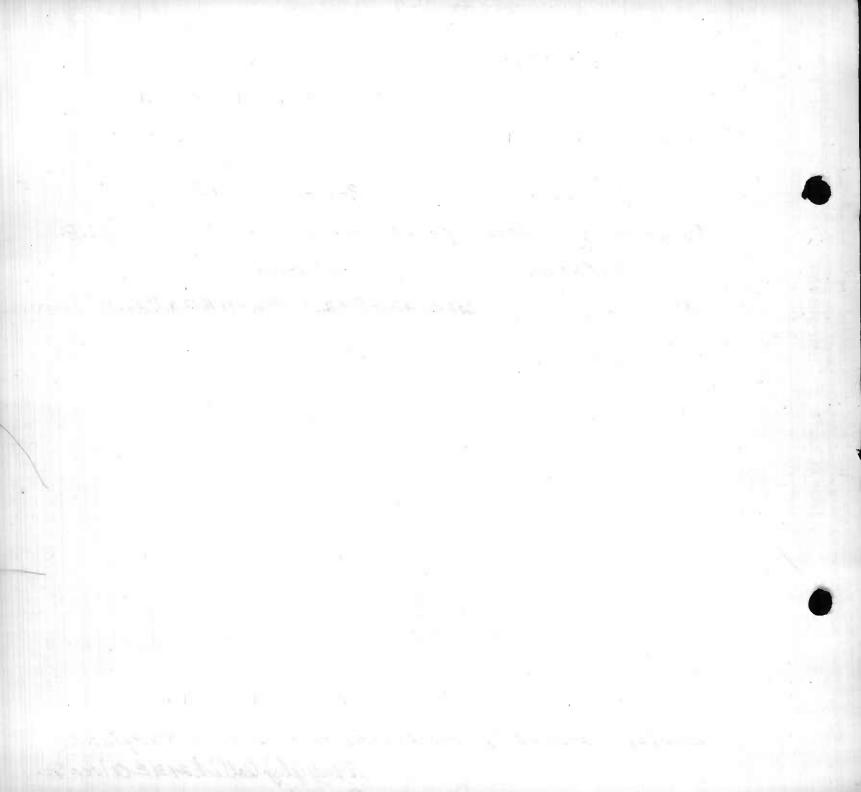


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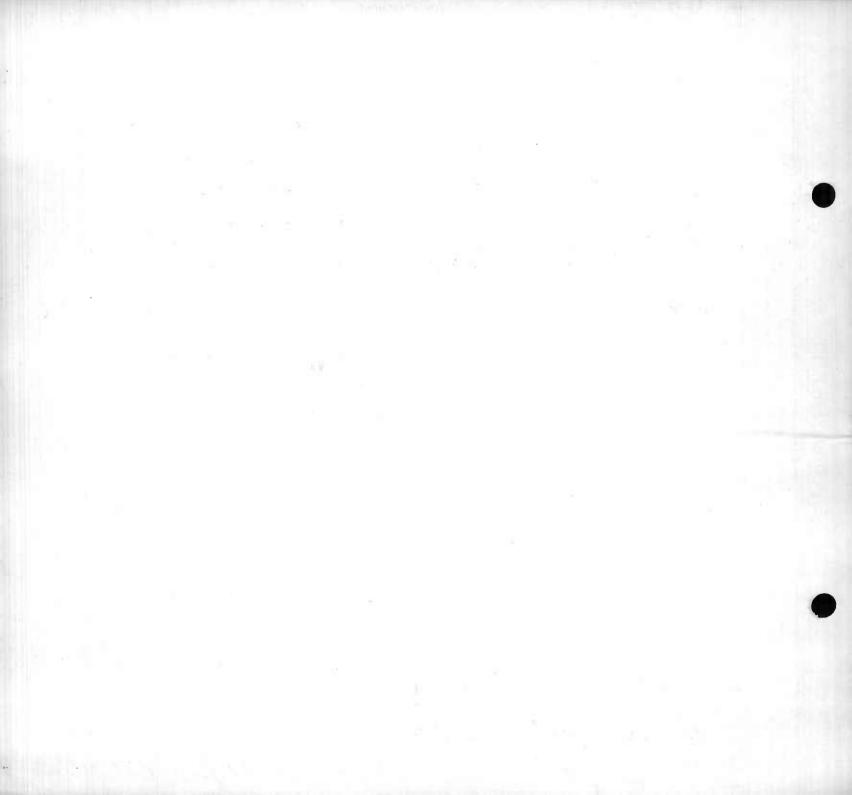
1	2 (100)	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2365 /
BIRT	TH NO 18:02385 68- 2	365 CERTIFICA	TE OF DEATH	REG. NO	00 2000
	TAME OF DECEASED BABY CIR	L BAILEY	2. DATE AN 9 -	14-68	7-15- P. M
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When		stitution: residence before odmission)
HO	LL NAME OF SPITAL OR IN ADDRESS OR LOCATION)		Md. C. CITY OR TOWN BALTIMOR	D. INSII	DE CITY LIMITS?
14	Luthenan Hos	pira	2305 N.	MONROE	ST
S. S	F COLORED 7. MARE WIDOW	NED NEVER MARRIED DIVORCED	2-10-68	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work TOB, KIN) e during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	Balto. MD.		12. CITIZEN OF WHAT COUNTRY
13.	PADL. R. BAILEY.		14. MOTHER'S MAIDEN NAM	M. BL	HRRET.
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of servi	security NO.	2305 MON	1806 St	KEE 1
ION	heart failure, asthenia, etc. II means the dise injury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the abave couse (A) stoting UNDERLYING CONDITION last.  773.51  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TER	ving (8) DUE TO, OR AS (C)	naturity A CONSEQUENCE OF:		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		(If In Boltimore	City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) (A PPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJ	URY OCCUR?	At a St. St.
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased olive	an 2-14-	19.6 2 and the	9 6 ta Z- at i (my) (aur) apir	ian death accurred on the date
	ond haur and fram the causes stated above 23A. SIGNATURE	Vena DEGREE Phy	nding Med. Director	Shaff Phys.	23B. DATE SIGNED 2-14-68
	23C. PHYSICIAM'S NAME (Type) ZA KA UDDI.	N VERA DEGRALE	NATUTERA	Nottes	MAKDBALT.
	REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	NIVERSITY M	EDICAL SO	CHOOL
ZJA	FEB 29 1968 Pulse 5 E	ME OF REGISTRAR	MORTUARY	SERVICE	- BCHD



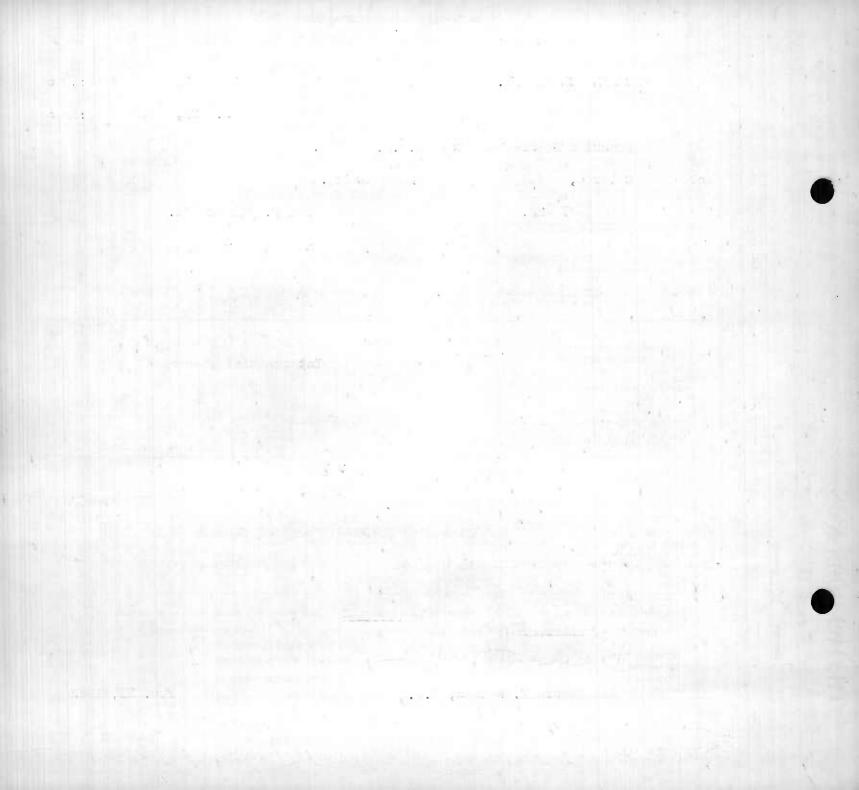
	21100	CR- 2366	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2366
1		00 2000	CERTIFICA	TE OF DEATH	REG. NO.	00 2000
1.1	AME OF DECEASED	11 1F.D	11	2. DATE AN	ID HOUR OF DEATH	9 00 1
	N.	best Powe	ll	11/2	126/68	18:00 A.M
3.	PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONOUNC	CED DEAD	A. STATE B. COUN	ITY	
FU	LL NAME OF (IF NOT	IN HOSPITAL OR INSTITUTIO	N, GIVE STREET			
IN	NOITUTITE				D. 11431L	YES VY NO
312T	HE JOHNS HOPK	INS HOSPITAL		E. STREET AND NUMBER	0 1	
				1612 N	AROLI	INE SI.
5. 5	6. RACE			A	lost birthdoy	Months Doys Hours Min.
- 14	USUAL OCCUPATION (Giv					12. CITIZEN OF WHAT COUNTRY
don	e during most of working life, ex	ren if retired)	alwad	Comment	NO	7/15/81
13.	FATHER'S NAME	DEH EN	sproyers.	14. MOTHER'S MAIDEN NA	ME	410/19
	7148	410 161 41		MN KNAWIN		
				17. INFORMANT		ADDRESS
	No	2	12-12-4389+	FLODNON PANI	P11 1612.N. (	22 MALINA St.
	18./62./		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
				Carringan	a al Th. le	ma 6 min
	IThis does not meon th	e made of dying, e.g.,			coj one ui	74 0 1105
						<b>Y</b>
	ANTECEDEN	IT CAUSES	(B)			
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		ON losi.	(C)			
Z						
ATIO	TO THE DEATH BUT NOT R	ELATED TO THE TERMINAL				
IFIC	19A. DATE OF OPERATION	198. CONDITION FOR WHI	CH OPERATION		IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UN	DERLYING 21 B. PLA	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exoct location)
4	OR CONTRIBUTING CA	USE OF home, f	farm, foctory, street, of	fice bldg., INJURY OCCUR?		
ĕ	21 D. TIME (Month) (		JURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
ME	(APPROX.)	While A	At Work	• 📮		1
	22. I certify that (Q (th	is hospital) attended the a	deceased from	2/23	19 68 to	2/26 1968
	that (I) (we) ost sow t	he deceased alive on	2/26	19_68ond th	not in (my) (our) aptr	nion death accurred on the date
		couses stated above. (I) (Y	We) (did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE	N	27 Atte	nding Med.	Staff ACO	23B, DATE/SIGNED
	23 C BHYSICIANES	Illesso 11	DEGREE Phys		Phys	2/26/68
	1/101111	V DUCCO			NE HOEDITAL	
24	BURIAL CREMATION, 24		OF CEMETERY OF CRE			ly, town, or county) (State)
	REMOVAL (Specify)		110 m 10 m	1010. V 1	2 4400 / M-	2102/201
25	DATE REC'D BY HEALTH	DEPT. 25B. NAME OF R	REGISTRAR	25C FUNERAL DIRECTOR	aurel, Ma	ADDRESS
	LFR S 3 1368	Oblat E. Far	deep M. M.	Kaudalah Q. E	Pollick 2431	E. Oliven St.
	NEDICAL CERTIFICATION  124  124  124  124  124	FULL NAME OF HOSPITAL OR INSTITUTION  THE JOHNS HOPK  5. SEX  6. RACE  10A. USUAL OCCUPATION(GIV done during most of working life, expected ever in U. S. (Yes, no or unknown) (If yes, give labeled to the control of t	I. NAME OF DECEASED (Type or Paint)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE  FULL NAME OF ADDRESS OR LOCATION)  THE JOHNS HOPKINS HOSPITAL  5. SEX  6. RACE  7. MARRIED WIDOWED  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUILD on the done during most of working life, even if retired)  15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (Iff yes, give wor or dotes of service)  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  IThis does not meen the mode of dying, e.g., heart foilure, astheria, etc., Il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19. ADATE OF OPERATION 19. CONDITION FOR WHI WAS PERFORMED  21. A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTION CAUSE OF OR CONTRIBU	BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL)  5. SEX  6. RACE  WIDOWED  10. NOVER MARRIED  11. PATHER'S NAME  12. MARRIED  13. FATHER'S NAME  14. PATHER'S NAME  15. Was Deceased Ever in U. S. Armed Forces? (Young of unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. MARRIED  18. Carried  19. Carried  10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  15. Was Deceased Ever in U. S. Armed Forces? (Young of unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  18. Carried  18. Carried  19. Carried  19. Carried  10. SECURITY NO.  11. Carried  10. SECURITY NO.  11. Carried  10. MAREDIATE CAU  11. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  11. In does not meen the mode of dying, e.g., heort foliure, ostherio, etc., Il meens the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION ION.  OTHER SIGNIFICANT CONDITION SOLON (C)  10. THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  21. A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTION CAUSE OF home, form, foctory, sheet, of stol.  22. I certify that (I) (this hospital) ettended the deceased from mode of the couse of the cous	DISTANCE OF DECEASED  INNAME OF DECEASED  INNAME OF DECEASED  INNAME OF ADDRESS OR LOCATION)  3. PLACE IN BALTIMORE MARKLAND, WHERE PRONOUNCED DEAD  A. STATE  RULL MAME OF ADDRESS OR LOCATION)  THE JOHNS HOPK INS HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR  ADDRESS OR LOCATION)  THE JOHNS HOPK INS HOSPITAL  S. SEX  6. RACE  7. MARRIED  NEVER M	DISTINCT OF DECASED    CERTIFICATE OF DEATH   REG. NO



(1)	BALTIMORE CITY	HEALTH DEPARTMENT	CQ 0'	207					
68-2	367 CERTIFICA	TE OF DEATH	REG. NO. 68- 26	201					
	021(11110)								
(Type or Print)	0 -	2. DATE AN	D HOUR OF DEATH						
OP HHHM	HOROTH	45. 2.	08.03	M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		e deceosed lived. If institution: lesider	nce before admission)					
		11111	1229	en 1					
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	1							
INSTITUTION		C. CITY OR TOWN	D. INSIDE CITY LIMITS	2-00					
/ y 11	1 0	Balti Nu	YES YES	ONO -					
Lutheran Hosps	· bal	E. STREET AND NUMBER	1 1						
July wall busyon	7000	814. N. Al	ucusta Ave						
5. SEX_ 6. RACE 4 7. ANADE	West Water and a series [7]	B. DATE OF BIRTH	AGE In years   If Under 1 Y	r. Il Under 24 His.					
E2 1/	RIED NEVER MARRIED	Men 1/1 02 1	lost biunday)   If Under 1 Y Months: Doy:	s Hours Min.					
	WED DIVORCED	1349.19.05	04						
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. WIRTHPLACE (State or loreis	gn country) 12. CITIZEN	OF WHAT COUNTRY?					
done during most of working life, even if setired)	Home	Worth Co	roline 11.	S 14					
HOME MINION 188	1401116	10001 -1 000		201					
13. FATHER'S WAME IN FINANCE GU	. 10	14. MOTHER'S MAIDEN NAM	AE P PEN	7					
1100160	TOWELL	MAGG161	MC CRACKEN						
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		DRESS					
(Yes, no or unknown) (II yes, give was or dotes of serv	SECURITY NO.	11 1							
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118. 2003/21/15	CAUSE OF DEATH	1		PROXIMATE INTERVAL					
2 / 2 / 2 / 3		1	BETWI	EEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		110011	1) 47						
(This does not mean the mode of dying,	(A) IMMEDIATE CAU		Delifo						
heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:							
injury or complication which coused death.)	11	1	0 1						
ANTECEDENT CAUSES	1/11/100	reunde //	phele						
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO OR AS	A CONSEQUENCE OF:							
rise to the obove couse (A) stoting	71119								
UNDERLYING CONDITION Tost.	(0) 00	esell							
2 6 7 X									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG								
TO THE DEATH BUT NOT RELATED TO THE TERMIN	NAL								
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WILLOW ORFRATION	120A ALITOROVA (V No.)	208 IS VEC WERE SINDINGS CO.	1CIDEDED					
WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	H?					
ш 🔛									
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, loim, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore City, give exo	ct locotion)					
DEATH (notify medical examiner)	etc.)	ince bidg., the occor.							
<u> </u>									
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	DRY OCCUR?						
(APPROX.)	While At Not While At Work	• 🗆							
20 1	1	2.26.68	9 18	C X					
22. I certify that (I) (this haspital) attend	22. I certify that (I) (this hospital) attended the deceased from 2000 61 68 19 to 2.20.00 19								
that (I) (we) last saw the deceased alive	an de d'	0.8.19and the	at in(my) (our) apinion death o	curred on the dote					
and haur and fram the causes stated obay									
23A. SIGNATURE	(.) () (a.a) (a.a iidi) V	The body offer death.	DOP DATE OF	GNED -					
1	1.1	nding Med.	23B. DATE SIG	180 6 8					
As / la	OEGREE Phys		Staff Phys.	00000					
23C.PHYSICIAN'S		23D. ADDRESS , /	1, 10						
NAME (Type)	RACHI	La Merce	- Un pital						
ENATOUG	11HFEL DEGREE								
	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City, town, or cou	unty) (Stote)					
TEMOVAL (Specify)	ast 111,00	111	41TO VILLE N.	·C					
101,00,10	117 (11100	W.	,						
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AE OF REGISTRAR	250 FUNERAL DIRECTOR	1001 1-1	ADDRESS					
25A. FEBRY 9 1968 PLUS E.	AL OF REGISTRAR	Mrshul	PHongs 636	h Belmon					



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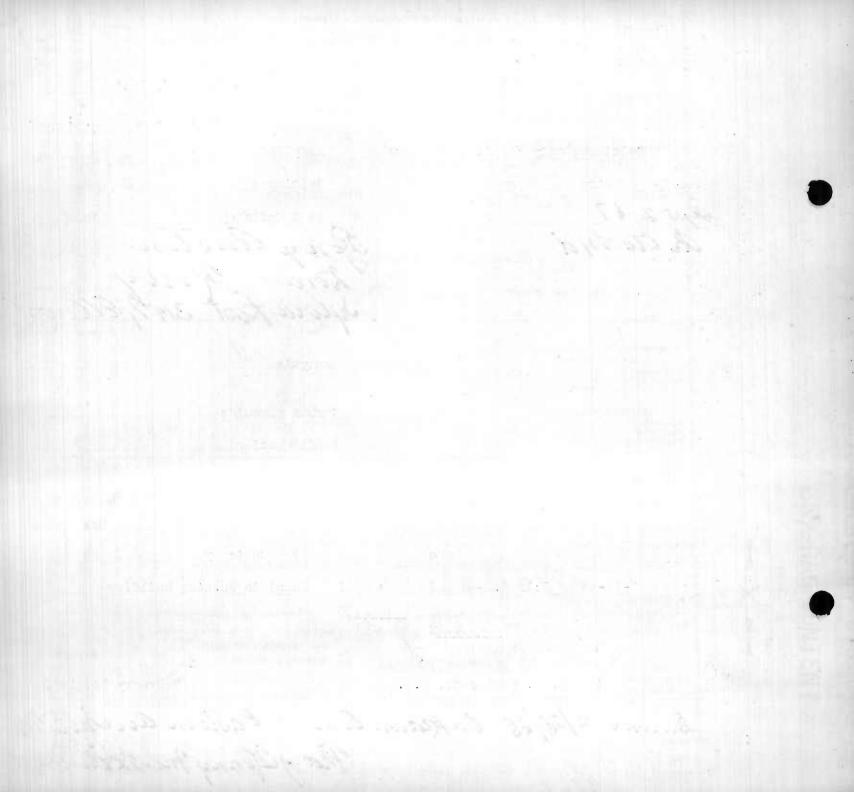
FUNERAL DIRECTOR: IMPORTANT

2 1011 00 0000	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2369 V
B-424 BIRTH NO. 68-01712 68-2369	CERTIFICA	TE OF DEATH	REG. NO	00 2000
1, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
TROY ALBERT BLACKWELL		9.	26.68	171 OS A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: residence before odmission)
		A. STATE B. COUI	NIY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
42		E. STREET AND NUMBER		YES NO U
Sinai Hospital		2127 Braddi	Sh AVE # 1	16.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Male Negro WIDOWED	DIVORCED	1 - 21 - 68	last birthday)	0 36
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
INFANT	- 22	Balto. Md.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
WALLACE BLACKWELL	7703	FRANCES.		
15. Was Deceased Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	R		
100	NONE	ARENTS +	Chart.	
18.552 V	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		D		
(This does not mean the mode at dying, e.g.,	(A) IMMEDIATE CAL	ISE Peritoniti	s Suspected.	
heart lailure, asthenia, etc. It means the disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
injury ar camplication which caused death.)	- 1		()	
ANTECEDENT CAUSES	(8) Stran	GULATION + Nec	nosis of Ba	vel.
DISEASES OR CONDITIONS, il ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 Stron	sulated In	Jumpo HARLE	DIA.
	(C)		101101111111111111111111111111111111111	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		*		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************	4		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	INDINGS CONSIDERED
# 2 2 2 1 / 8 WAS PERFORMED .	011	1 . 1 = D 1 1 / 1	, IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   121B. PL	ACE OF INJURY (e.g., i	n or obodi 21 C. WHERE DID		City, give exoct location)
OR CONTRIBUTING CAUSE OF home,	farm, foctory, street, o	ffice bldg., INJURY OCCUR?		
NO.				
U OF INJURY	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While Work	At Work	•		
22. I certify that (I) (this hospital) attended the	deceased from	1824	1968 to Fel	5 26 19 68 ,
that (I) (we) lost saw the deceosed olive an	Feb. 26	19 68 ond t	•	nion death accurred on the date
and hour and from the couses stated above. (1)	We) (did) (did nat) v	iew the body ofter death.		
23A. SIGNATURE	0		+	23B. DATE SIGNED
1/1/ ma ( 4011)	Atte	onding Med. Director	Staff Phys.	2/26/68
23 C. PHYSICIAN'S	(DESPEDI	23D. ADDRESS	XI	-1-1-0
NAME (Type)	0	Sma	i tour	20ta D
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE E of CEMETERY OF CR	EMATORY CA	1 100/1	To all the second second
REMOVAL (Specify)			LOCATION / ICI	y, town, br countyl (Stotel
12mm 1/29/18 151	00101097	FIDIVAL 6	2000	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R /7 cm	GIZM WYST
MEB 29 1968 P.D. A. E. Fr. a.	PLS .	Mr Ans	No 650 1)	6/Em Vy
VS 150-REV. 1/1/6B				

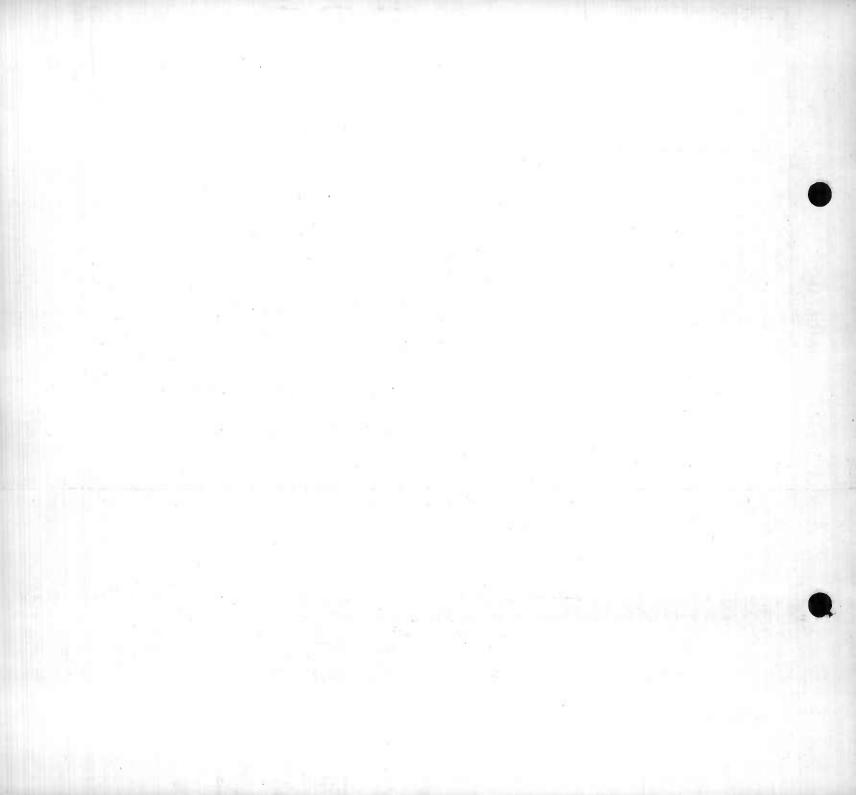
charten Hdi: THERTIES. no a market a file of the ment and any in a second that he had Fillia Cylleulings.

VS 150-REV. 1/1/68

VS 151-REV. 1/1/6B



VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B



, )	-325			Y HEALTH DEPARTMENT		68- 2374		
W	-272	68-2	374 CERTIFICA	ATE OF DEATH	REG. NO.	00 2011		
BIRTH N			CERTIFICA			¥1.1		
Type or	Print)	Motheine			AND HOUR OF DEA	11:10 A.		
2 21 4 4		Watkins				f institution: residence before admission)		
FULL N	AME OF (IF NOT II		STITUTION, GIVE STREET	Maryland B. Co	UNTY	Finalitytion: residence before damission		
HOSPIT	TION			C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?		
20	Provi	dent Hosp	ital	Baltimore		YES NO		
0				E. STREET AND NUMBE				
				1824 Woodye	ar Street			
. SEX	6. RACE	7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
Fer	male Negro	WIDOV	VED DIVORCED	6-10-05	62			
OA, USU	JAL OCCUPATION Give	kind of work 108, KINI	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
one duri	ing most of working life, even			**				
2 5 4 71	Housewife	Hom	<u>e</u>	North Carol		U.S.A.		
				14. MOTHER'S MAIDEN	NAME			
A.	llen Steven	Wells						
	Deceased Ever in U. S.		1 6. SOCIAL	17. INFORMANT	75 2004	ADDRESS		
res,no c	orunknown) (If yes, give v	VOI OF GOIES OF SERVE	SECURITY NO.	Jacob Watkir	Aree 2904	Lafayette Ave.		
20			241125 25 251		nao-an-			
18,	140.3		CAUSE OF DEA	IH A		BETWEEN ONSET AND DEATH		
	DISEASE OR CONDI			16.0.0	1/			
/Th:	LEADING TO		(A) IMMEDIATE CA		<b>/</b>			
hea	is daes nat mean the art failure, osthenio, etc.	Il means the dise	e.g., DUE TO, OR A	A CONSEQUENCE OF:				
	ary or complication which		$\cap$	v V	4-	. ,		
	ANTECEDENT	CAUSES	Len	1 les	s rel	at		
DIS	EASES OR CONDITION	NS if any -i	(B) DUE TO COR A	S A CONSEQUENCE OF:	Loryo			
	to the obave car		1119	1-	7.1	elilenoze		
UN	DERLYING CONDITION	l last.	(c) Oll	To all	llusp	elleway		
1	150.0 11			•	1			
Z	ER SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG					
	THE DEATH BUT NOT REL		IAL					
U 19A	DATE OF OPERATION	19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
ERTIFIC 19A		WAS PERFORMED		NO IN CERTIFYING CAUSES OF DEATH?				
U 21 A	ACCIDENT WAS UNDE	RLYING	21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DIE	) (If in Balti	more City, give exact location)		
OR	CONTRIBUTING CAUS	E OF	home, form, foctory, street,	office bldg., INJURY OCCUR	?			
U			010,7					
	TIME (Month) (Do:	y) (Yeor) (Hour)	21E. INJURY OCCURRED		INJURY OCCUR?			
E LAP	PROX.)		While At At Work	ile 🔲				
-					(0 T	28 68		
22.	I certify that (1) (this	haspital) ottend	ed the deceased from J	anuary 27,		'ebruary 28, 19 68		
thot	t (1) (we) lost sow the	deceased olive	on February 28	19.68 onc	that in (my) (our)	opinion deoth occurred on the dot		
			6. (1) (We) (did) (did not)					
	SIGNATURE	1				23 B. DATE SIGNED		
	(11	22	A	tending Med.	Staff			
	//w			ys. Director L	Shaff Phys. 🚾	2-28-68		
23 C	PHYSICIAN'S NAME (Type)	1000	1/1	23D. ADDRESS				
	( .	LAKE	X O	1514 Divisio	n Street	Baltimore, Marylan		
24A. BU	RIAL CREMATION, 248.	DATE 24	C. NAME of CEMETERY or C		LOCATION	(City, town, or county) (State)		
RE	MOVAL (Specify)							
		/4/68 I	Baltimore Nat	ional	Balto., 1	Md.		
25A. DA	TE REC'D BY HEALTH D		The contract of the contract o	25C. FUNERAL DIREC	TOR	ADDRESS		
F	EB 29 1968 (	P. D. B. E.	Farber Mil	Morton & D	Wett Fin	Home		
/\$ 150-	REV. 1/1/6B				J-CCC_F UII-			

Let relien anget

VS 150-REV. 1/1/6B

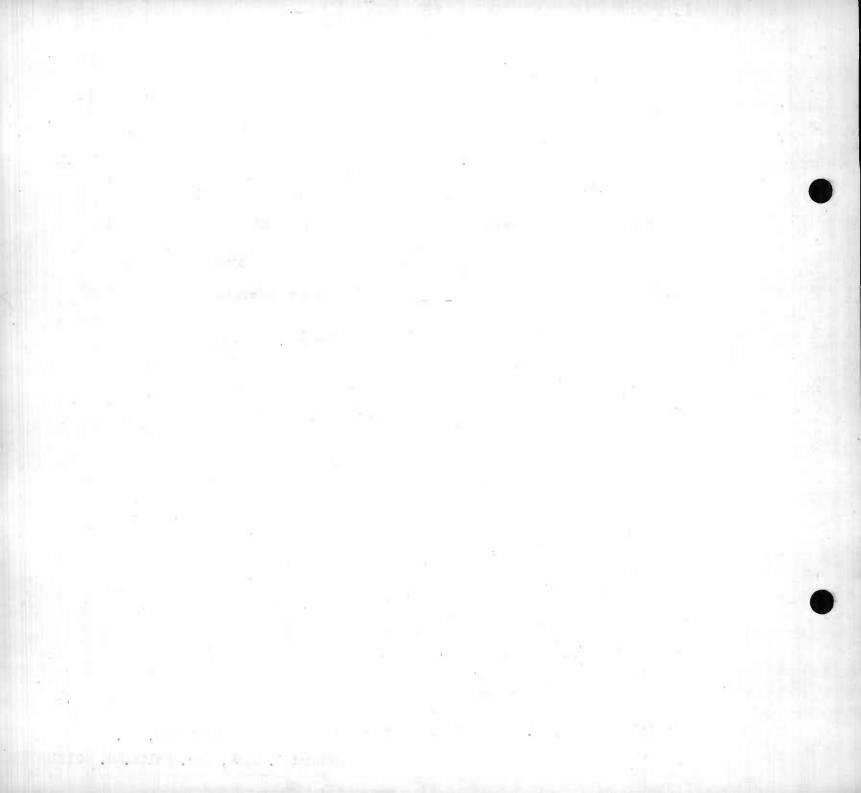
MORTOLIA DINTE 1900 LANCOLLE

FUNERAL DIRECTOR: IMPORTANT

ASS.

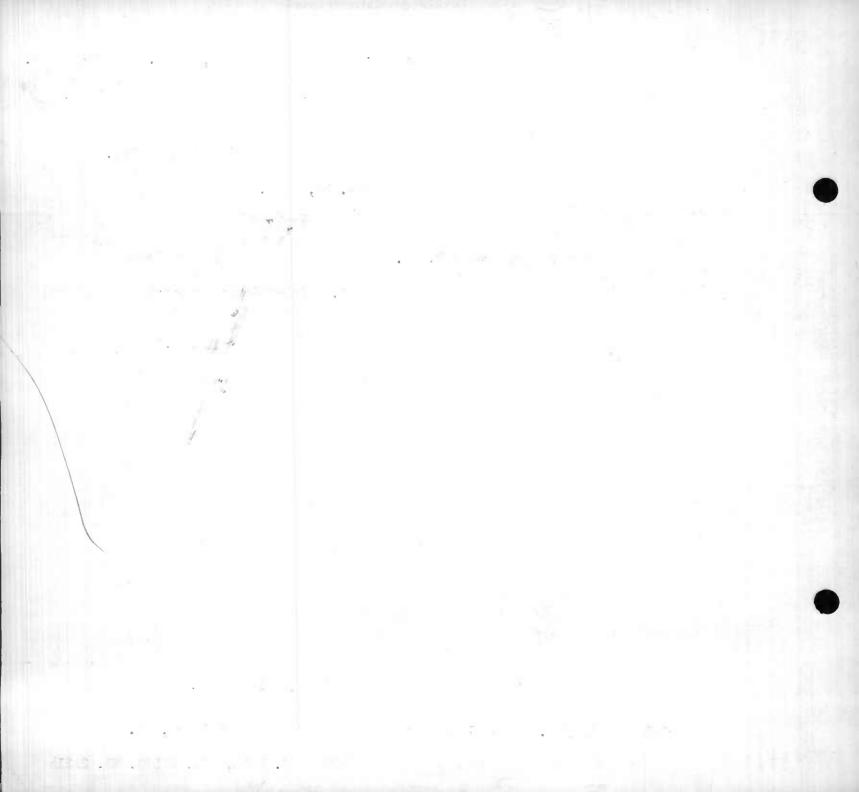
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1	777	00	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
H-3	556	2.	CERTIFICA	TE OF DEATH	REG. NO	68 2376
BIRTH NO.			CERTITION			
(Type or Prin	F DECEASED  GEORG	E J. A	NDERSON	2. DATE	227 68	10 36/pm
3. PLACE II	N BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WASTATE B. CO		stitution; residence before admission)
FULL NAM HOSPITAL	OR ADDRESS OR LOC.	AL OR INSTIT	UTION, GIVE STREET	MARYLANI C. CITY OR TOWN	D BALTI	MORE CITY DE CITY LIMITS?
1 - 1			0001741	BALTIMO	RE	YES TO NOTO
33	THE JOHNS HOP	KINS H	OSPITAL	E. STREET AND NUMBER		21-07
				14.15 NO	RTHGATE ROA	D 21218
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	It Under 1 Yr. If Under 24 Hrs.
MALE	WHITE	WIDOWED	<u>~</u> =	E 0E 10	last birthday)	Months Days Hours Min.
tOA, USUAL	OCCUPATION (Give kind of wor			5-25-16 11. BIRTHPLACE (State or t	areign country)	12. CITIZEN OF WHAT COUNTRY
done during r	most of working life, even if retired)		aurant	Marylan		USA
13. FATHER	'S NAME			14. MOTHER'S MAIDEN N	IAME	
	JOHN A	NDERSO	N		E ADDOODDE De	tsicas
Yes, no or un	ceased Ever in U. S. Armed Fonknown! (If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO. 212-07-7892	Miss Kathe And	lerson	(Same)
18. 3	94.0 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISÉASE OR CONDITION DI LEADING TO DEATH	RECTLY			17 6	
(This d	does not mean the mode of	dvina ea	(A) IMMEDIATE CAL			
heart fe	ailure, osthenia, etc. It means	the disease,		A CONSEQUENCE OF:		
injury	or complication which caused		<i>a</i> t 0	01	11	
	ANTECEDENT CAUSES		(B) 77 9	mery 121-	+ D .	410-010
	SES OR CONDITIONS, if			A CONSEQUENCE OF:	0	3100515
	to the above couse (A) RLYING CONDITION last.	sloting the	(c)	Mitral Va	ive ouser	sem insuficience
4.6 /			(0/		4	
	SIGNIFICANT CONDITIONS CO		Massivel	y enlarged	heart fead.	y how resp. resem
	E OR CONDITION GIVEN IN PAI	RT 1 (A).				
19A. DA	ATE OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES, OF DEATH?
E8 0		7 1000		Yes		No .
OR CO	CCIDENT WAS UNDERLYING THE NOTE OF CAUSE OF Condity medical examined	hor etc	ne, torm, tactary, street, o	n or obout 21 C.WHERE DID flice bldg., INJURY OCCUR?	(It in Baltimar	e City, give exact lacation)
OF INJ		(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJ			nite At Not Whit			
		W		116	10	2/12(8
22. I c	ertify that (I) (this haspita	I) attended t		2/17	19 68 ta	2/27 19.68
that (I)	) (we) last saw the decease	ed alive an	2/27	19and	that In(my) (aur) api	nian death accurred an the date
and ha	out and from the causes sta	ted above.	() (We) (did) (did nat)	riew the body after deat	h.	
23A. SIC	SNATURA		LIA		01	23B. DATE SIGNED
	VI LUX	my 2	X Dhu	ending Med. Director	Staff Phys.	89/88/6
230 PH	YSICIAN'S	,	DEGREE	23D. ADDRESS	11	11
NA	ME (Type) S U	rbane	H:	1 1	ne Hopking	lospital
24A BIIDIA	L CREMATION, 248. DATE	1240 M	OEGREE	0 -		ity, town, or county! (State)
REMO	VAL (Specify)  171al  3/1/6		oodlawn Cemete			
	-/-				Baltimore	
	B 2 9 1968 R.C.		of registrar	Leonard J.	Ruck, Inc. Ba	alto.Md. 21214
VS 150-REV	/, 1/1/6B				1	



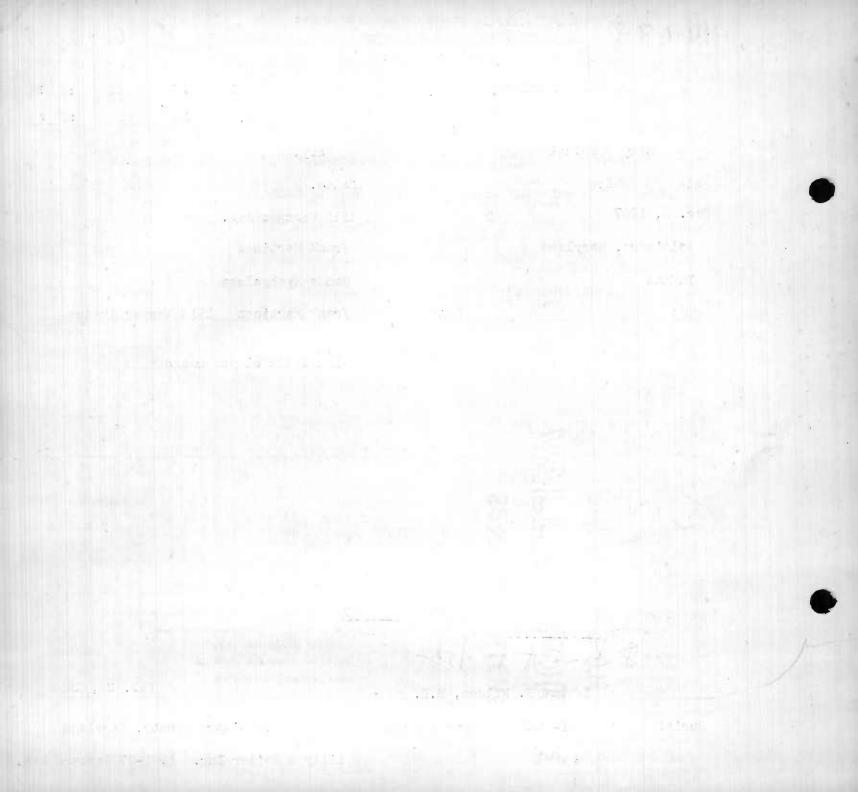
NAME OF DECEASE Type or Print)		-	TO CERTIFICA  BRANNOCK, 3RI		ry 26, 196		11:45 P.
FULL NAME OF HOSPITAL OR NITTUTION	ORE, MARYLAND, W  (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITU ATION)	TION, GIVE STREET	4. USUAL RESIDENCE   When A. STATE B. COUN MD .  C. CITY OR TOWN BALTIMORE	ΤΥ	SIDE CITY LIM	27-07
7 7 01	IION MEMORIA	AL NOSFI	TAL	E. STREET AND NUMBER	6893 McClea	an Blvd	•
MALE 6. R	WHI TE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In years last birthday)	If Under 1 Manths D	Yr. Il Under 24 Hrs ays Haurs Min.
OA. USUAL OCCUPA lone during most of working NONE		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign			JSA
3. FATHER'S NAME	Vernon	Mace Bra	nnock, Jr.	14. MOTHER'S MAIDEN NAM	Shirley	Leuba	
5. Was Deceased Eve Yes, no et wiknown) (If	r in U. S. Armed For- yes, give wor or date	ces? s ol service)	SECURITY NO.	Mrs. Shirley L	euba Brann		(Same)
(This does not a heart failure, osth injury or complic	NDING TO DEATH meon lhe mode of nenio, etc. II means alion which caused ECEDENT CAUSES	the disease,	(A) IMMEDIATE CAL DUE TO, OR AS	Acute Lay	ngerl ed you tracki	his	15 min
(This does not a heart failure, osth injury or complice ANT DISEASES OR rise to the ounderLying COTHER SIGNIFICAL TO THE DEATH BID DISEASE OR CONE	meon the mode of nenio, etc. It means alion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A)	the disease, deoth.)  ony, giving slating the  NTRIBUTING HE TERMINAL T I (A).	(B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	go tracki	h's	15 min
(This does not a heart failure, osth injury or complice ANT DISEASES OR rise to the ounderstyling COTHER SIGNIFICATION THE DEATH BUDISEASE OR CONE 199A. DATE OF OP	meon the mode of nenio, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if bove cause (A) ONDITION lost.  II ONDITION SCOUT NOT RELATED TO TO THE CONDITION STORY OF SERATION 198. CON WAS PERION 198. CON WAS UNDERLYING GON CAUSE OF	the disease, deoth.)  ony, giving slating the  NTRIBUTING HE TERMINAL TOTAL TO	(B)	Acute Layr	20B. IF YES, WERE IN CERTIFYING CA	h's	
OTHER SIGNIFICATION TO THE DEATH BY DISEASE OR CONTRIBUTION DEATH (notify mer contribute)  21 A. ACCIDENT OR CONTRIBUTION DEATH (notify mer copy in Jury (APPROX.)	meon the mode of nenio, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if above cause (A) ONDITION lost.  II NI CONDITIONS COUNTIONS COUNTION SELATED TO TOUR TELATED TO TOUR TELATED TO TOUR TOUR TOUR TOUR TOUR TOUR TOUR T	the disease, deoth.)  ony, giving slating the  NTRIBUTING HE TERMINAL T 1 (A).  DITION FOR W FORMED  [Hour) 21 E, Whill Wark	(B)	20A. AUTOPSY? (Yes or Not No nor about No INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CO.	FINDINGS CAUSES OF DE	exact location)
OTHER SIGNIFICATION TO THE DEATH BY DISEASE OR TISE TO THE DEATH BY DISEASE OR CONTROLL TO THE DEATH BY DISEASE OR CONTROLL TO THE DEATH BY DISEASE OR CONTROLL TO THE DEATH (notify medical property) and the controll to the controlled to t	meon the mode of nenio, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if above cause (A) ONDITION lost.  II NI CONDITIONS COUT NOT RELATED TO IT NOT RELATED TO IT NOT RELATED TO IT NOT NET AND THE NATION WAS PERION TO CAUSE OF dicol exominer)  It (I) (this hospitol the sow the decease of the couses stored and all all all and all all all all all all all all all al	the disease, deoth.)  ony, giving slating the  NTRIBUTING HE TERMINAL TO A LONG TO A L	(B)	20A. AUTOPSY? (Yes or Not No nor about No INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or Not	20B. IF YES, WERE IN CERTIFYING CO.	FINDINGS CAUSES OF DE SITE City, give	occurred on the da
OTHER SIGNIFICATION TO THE DEATH BY DISEASE OR TISE TO THE DEATH BY DISEASE OR CONDITION TO THE DEATH BY DISEASE OR CONDITION TO THE DEATH BY DISEASE OR CONDITION TO THE DEATH (notify mere).  21A. ACCIDENT OR CONTRIBUTION DEATH (notify mere).  21D. TIME (MOPPROX.)  22, I certify the thot (I) (we) lose ond hour ond from the condition of the cond	meon the mode of nenio, etc. II means alion which caused ECEDENT CAUSES CONDITIONS, if above cause (A) ONDITION lost.  II NI CONDITIONS COUNTIONS COUNTION STELATED TO TIVE TO THE CONDITION OF THE CONDITION OF THE CONDITION OF THE CONDITION OF THE CONDITION (The CONDITION OF THE	the disease, deoth.)  ony, giving slating the  NTRIBUTING HE TERMINAL To I (A).  DITION FOR WFORMED    21 E. Whill Wark   ottended the disease obove. (I)	(B)	20A. AUTOPSY? (Yes or Not No nor about 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 & S and the riew the body after death.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CAUSES OF DE City, give of DE City, give of DE City, give of DE City, town, or Dity, town, or	occurred on the da

VS 150-REV. 1/1/6B



3	8	2378	BALTIMORE	CITY	HEALTH	DEPARTMENT	
3	U	2010	BALTIMOKE	CITY	HEALIH	DEPARIMENT	

BIR	TH NO. 67	-249	MED	ICAI	EX	AMINER'S	CERTIFI	CATE	OF DEA	ATH REC	3, NO	68	- 2378
1.	NAME OF DEC	EASED	1/				2. DATE	Known []	Mont	n Do	ру	Yeor	Hour
(ly)	e or Print)	RAYMON	D MAR'	TINE	7.		OF DEATH	Estimoted		28	Q	68	8.30 a.M.
4.	PLACE IN BAL					UNCED DEAD	3. DATE		Mont		-	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION		T IN HOSPITA		TITUTIC	N, GIVE STREET		UNCED DEAD	Feb.	28		68	8:30 a M.
		ty Hos	pital				A. STATE	Maryland		B. COL	JNTY	Bal	EC.
6.	SEX	7. RACE		8. MARI	RIED [	NEVER MARRIED	C. CITY OF	TOWN		D. IN	SIDE CIT	Y LIMITS?	53.00
M	ale	White		WIDOV	WED [	DIVORCED [	Bal	to.			YES	ixex	NO 🗌
	ec. 8, 1		10. AGE (In lost birthdoy			der 1 Yr. If Under 24 Hrs. ns   Doys   Hours   Min.	E. STREET	NO NUMBER					
_	Baltimo	state or foreign		T		TIZEN OF HAT COUNTRY?	13. FATHER						
144				4B. KINI	OF B	USINESS OR INDUSTR							
	eduring most of v				0, 0								
-	Infant WAS DECEAS	ED EVED IN	ILC ADMED	FORCE	ca	17. SOCIAL	18. INFOR	ida Rycl	nwalska	1.	AD	DRESS	
	, no or unknown					SECURITY NO.							
_	NO 19.					None CAUSE OF DEA		ank Mari	tinez	1513	Vest	er Av	PROXIMATE INTERVAL
CERTIFICATION	(This does no heart foilure injury or cor DISEASES (RISE TO THE UNDERLYIN)  5 2 5 X OTHER SIGN TO THE DEA	LEADING TO of meon the n ostherio, etc nplicotion whi  NTECEDENT OR CONDITI E ABOVE CA NG CONDIT  IIFICANT CO ATH BUT NO	mode of dy: It means the ch coused dec  CAUSES ONS, IF ANY USE (A) STATION LAST.  II NDITIONS CC	ing, e.g., diseose, oth.)  , GIVING THE	TING	(A)IMMEDIATE DUE TO, OR  (B)	AS A CONSEC		tial pr	neumon	i.a		EEN ONSET AND DEATH
RTIF			GIVEN IN PA			WHICH OPERATION W	AS PERFORA	AFD	and the convenience also disk date was disk disk disk disk disk disk disk			21 AUTO	PSY? (Yes or No)
CE	S DAIL OF	OI EKA IJO	200. CO1	NDIIIOI1	TOK	WHICH OPERATION W	AJ FERFORI	MED				21. 4010	r317 (100 01 110)
MEDICAL	UNDERLYING UTING CA	USE OF DEA	ITRIB-	) (Hou	home,		ce bldg., etc.)[	22C. WHERE I NJURY OCCI 22F. HOW DII	JR?		give exoc		es
		ify that I h	eld on I	nquiry		Inspection Au	topsy X	ond that	on this bo	sis, deoth	in my o	pinion	
	result	red from: N	lotural cau	X CEP 2	Ac	çident 🗌 Suici	de H	amicide 🗌		ermined mo	onner [	]	
-	ACTUAL SIGNAT		bu	4	M	· Su M.	ASS	CHIEF MEDIC					DATE SIGNED
	EXAMIN NAME (1	ER'S	Edward	T3 T	72 7 0			OCIATE MEDIC	CAL EXAMIN	IER 🗌	F	eb. 28	3, 1968
	A. BURIAL CREA	MATION,	Edward 24B. DATE	r. V	240	On M.D.	or CREMAT	ORY	24D. LOCAT	ION (C		or county)	
	Burial	.,,	3-1-19	968		Sacred Heart			Baltim	ore Co	untar	Man	vland
	A. DATE REC'D	BY HEALTH 9 1968				O REGISTRAR	25C.	FUNERAL DIF	RECTOR		AD	DRESS	astern Ave
										-			



IMPORTANT

FUNERAL DIRECTOR:

ADDRESS Samuel M. Newcomb, 1747 Forest Ave. Balto.M BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that In (my) (tor) pinlan death accurred an the date 23B, DATE SIGNED 5214 Harford Road. Balto. Md. 21214 Baltimore, Maryland 25B. NAME OF REGISTRAR Wm.E.Johnson. 8521 Loch Raven Blvd. 21204 VS 150-REV. 1/1/6B

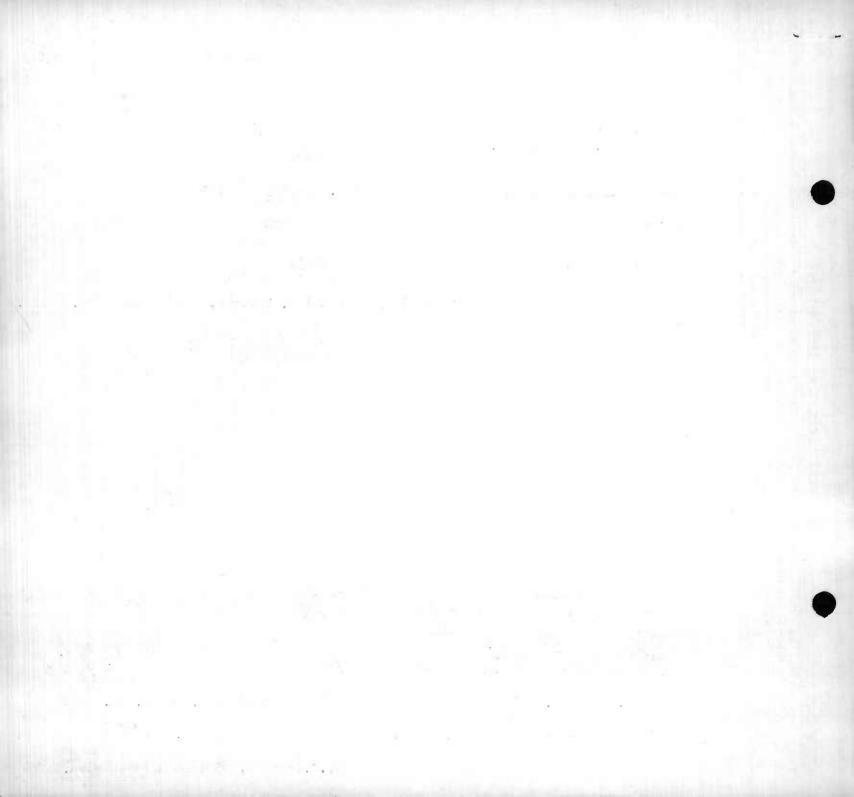
BALTIMORE CITY HEALTH DEPARTMENT

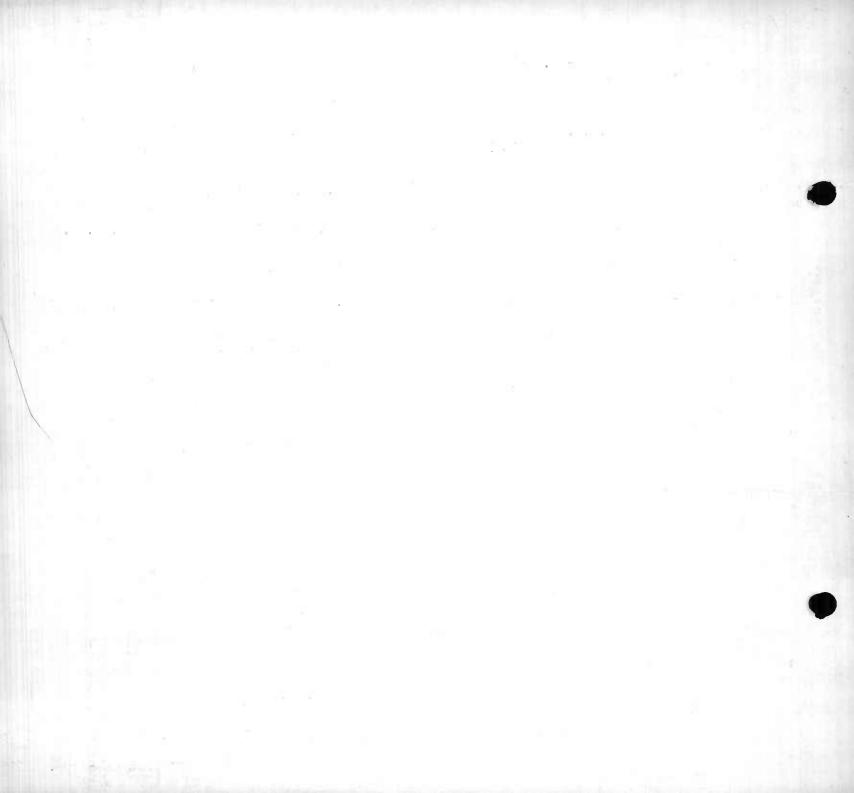
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Hours

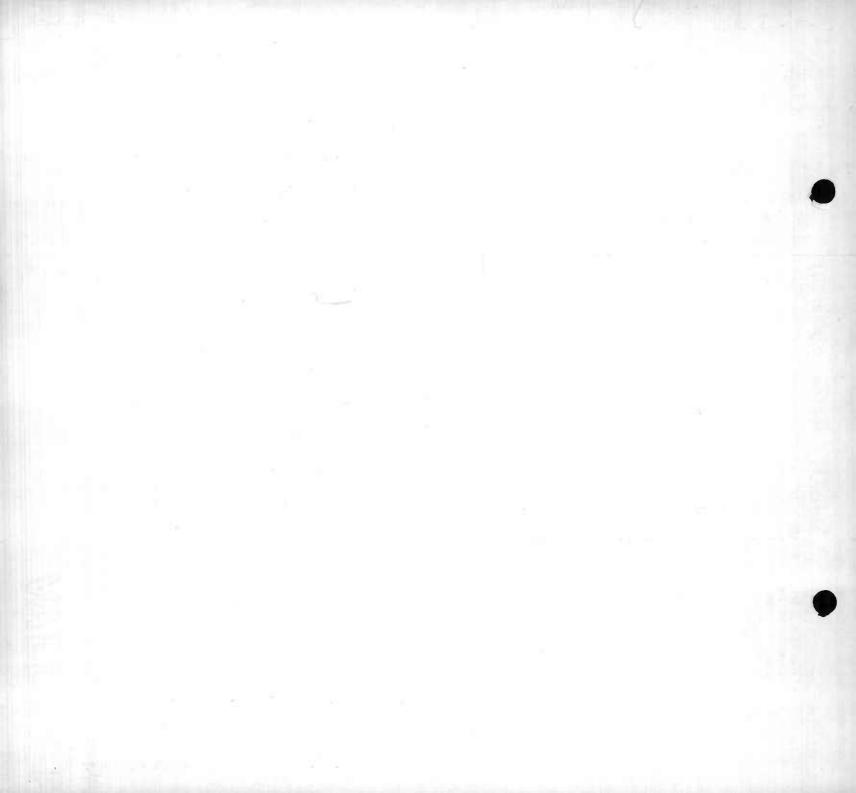
USA

If Under 24 Hrs.



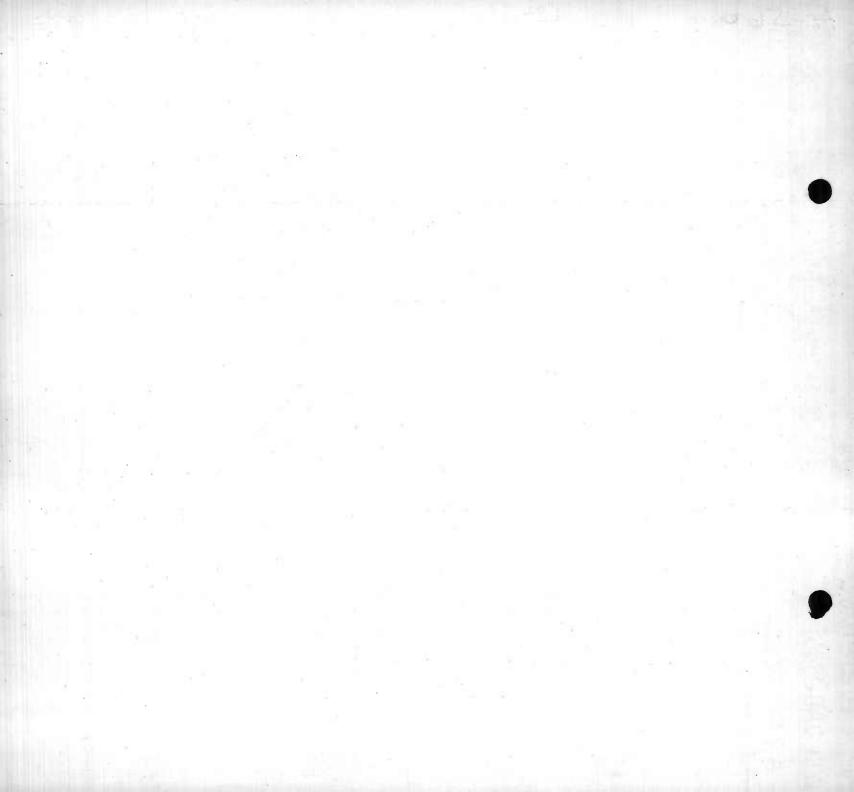


		HEALTH DEPARTMENT	PP 0004
	53~ 2381 CERTIFICA	TE OF DEATH REG. NO	68-2381
	NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
	pe or Print) ADA A. BOERNER	2-27-68	11 200
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission)
		1. V.	04 6 53-00
HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DOSPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN D. INS	SIDE CITY LIMITS?
14.	MARYLAND GEN: HOSP		YES NO
	MARYCHNO GEN; NOF	E. SIKEET AND NOMBER	
	48	139 WESTMINSTEI	RD.
S	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WIDOWED DIVORCED	11-21-86	
	A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
2011	ne during most of working life, even if retired)	BALTO	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	T. THORNTON FRNAK	HARE	
S.	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
Yes	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	HILDA M. REED (1	ABOUE)
_	No NoNE		APPROXIMATE INTERVAL
	ナアナ·ベ		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Antie Standie	
	Titles does not meen the mode of dying, e.g., DUE TO OR AS	ACONSEQUENCE OF:	',
	heorl failure, osthenio, etc. It means the disease, injury or complication which caused death.)	Mys Cardwel micron	factions.
	ANTECEDENT CAUSES	varie & Calcife Valore	Titis
	DISEASES OR CONDITIONS, if ony, giving  (B) / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	A CONSEQUENCE OF:	л
	rise to the obove couse (A) slating the UNDERLYING CONDITION last.	inal inforction Engange	nene
	C) I h . es?	TALVISION SUFERING	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 - 0	
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	stinal intarction	
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE	FINDINGS CONSIDERED
ERT	2-17-68 WAS PERFORMED TIVE LAUNDIE	e yes	AUJES OF DEATH:
Ū	OR CONTRIBUTING CAUSE OF home form foctory, street of	in or obout 21 C. WHERE DID (If in Baltima ffice bldg., INJURY OCCUR?	ore City, give exoct location)
CAL	DEATH (notify medical examiner) etc.)		
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
8	(APPROX.) While At Not Whi	le 🔲	
	22. 1 certify that (H)(this hospital) attended the deceased fram		2-27 1968
	that (1) (ma) lost/saw the deceased alive on 2-27	1. 61	Inlon death occurred on the date
	and hour and from the causes stated obave. (1) (We) (did) (and not)		aveni occorred on the dole
	23A. SIGNATURE	view the body offer dedin.	23 B. DATE SIGNED
		ending Med. Staff Phys.	
	23C. PHYSICIANA	23 D. ADDRESS	101
	NAME (Type)	2903-A ANDORRA	7. (Z. H. s.
2.4.	GARY L. NOBEC POLONE	29-0 //	1 00010 1110.
24 A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR REMOVAL (Specify) 2/2/68 St. Paul (emet		City, town, or county) (State)
25A	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	J. F. Eline & Sons Rei	ADDRESS M.
	MAR 1 1968 Plant E. Farleyna	J. 1. Custe a sons Rel	scerscour, ma.
S	150-REV. 1/1/6B	V 64	



Feb. 25, 1968 | 12:30 A. M D. INSIDE CITY LIMITS? NO A If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltlmore City, give exact location) .19. and that in (my) (aur) opinion death occurred on the date 23B, DATE SIGNED Randallstown, Md. (City, town, or county) Mas ADDRESS 5209 York Road Seitz Funeral Home Balto. Md. VS 150-REV. 1/1/68

63- 2382



Burial

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

## 68-- 2383 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED Known X Doy 2. DATE Month Year Hour (Type or Print) OF Estimoted \_ 68 10:30 pm. CLAUDE L. BIBB DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Hour Dov Year PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF February 1968 10:30 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Union Memorial Hospital Maryland 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 6. SEX B. MARRIED NEVER MARRIED WIDOWED Ma1e White DIVORCED YES LX Balto. NO 10. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH Months, Doys, Hours, Min. 5/10/ 1930 -34 137 3251 Chestnut Ave. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Va Wallace T. Bibb U.S.A. 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Mc Nerny Seaman 18. INFORMANT **ADDRESS** 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 228-32-1171 (Yes, no or unknown) (If yes, give wor or dotes of service) 3251 Chestnut Ave. Ruth L.Bibb APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ingestion of barbiturates (A) IMMEDIATE CAUSE (This does not mean the mode of dylng, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIFI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Partial. S 22A. UND 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Home ? 3251 Chestnut Ave. 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK X m. WORK Subject took overdose 23. Inspection P Autopsy X and that an this basis, death in my opinion I certify that I held an Inquiry L Suicide X resulted from Natural causes Accident Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Edward F. Wilson, M.D. 28. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

Pk.

25C. FUNERAL DIRECTOR

Riverside Memorial

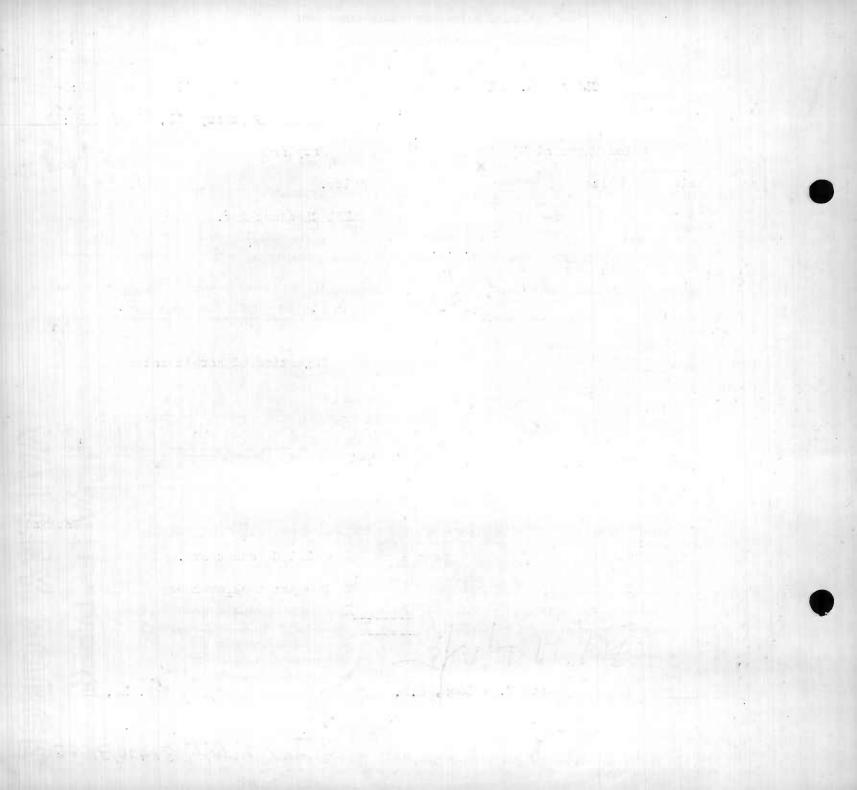
25B. NAME OF REGISTRAR

Va.

**ADDRESS** 

814W. 36st

Chesapeake.



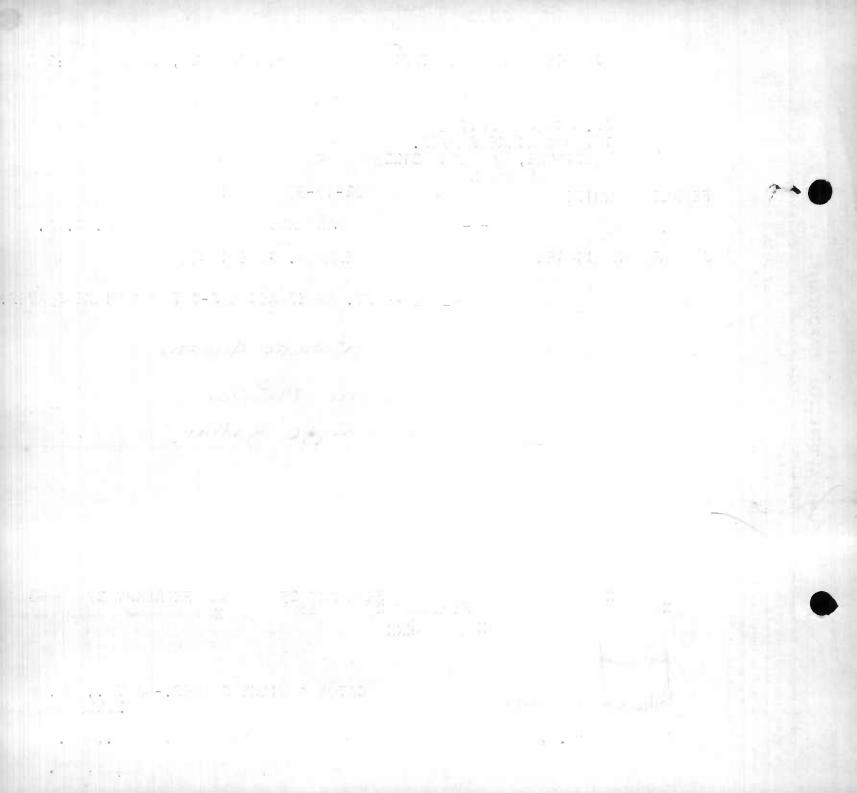
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68- 2384 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
MEDICAL		CENTILICATE	OI DEATH,

		00	-	_	ALTIMORE CITY						(	00	0004
		MED	ICAL	. EXA	AMINER'	S CER	TIFIC	CATE O	F DEA	TH REG. N	10	00	2384
BIRTH NO.						- 11		x					
1. NAME OF DEC	CEASED					2.	OF OF	Known E	Month	Day	Ye		lour
		LARENCE					EATH	Estimoted _		27	68		3:15 рм.
							PONOU	NCED DEAD	Manth	Day	Ye	or H	lour
FULL NAME OF HOSPITAL OR INSTITUTION	ADDR	ESS OR LOCA	TION)	IIIUIION	, GIVE STREET		1000	SIDENCE (Whe	Feb			8	3:15 pm.
42	Sina	i Hosp	ita	1			TATE	paryland		B. COUNT		2	2/8
6. SEX	7. RACE		B. MAR	RIED 1	NEVER MARRIED	C. C	CITY OR	TOWN		D. INSIDE	CITY LIM	(52%)	10
Male	White		WIDOV	VED 🗌	DIVORCE		Р	alto.			YES 😾	NO	
9. DATE OF BIRT	Н	10. AGE (In			1 Yr. If Under 24			ND NUMBER				- 110	
Dec.31,	1888	last birthda		Months	Doys Hours	Min.	332	3 W. Bel	veder	e Ave.			
11. BIRTHPLACE	State or forei	gn country)		1	ZEN OF	13. F	ATHER'S	NAME					
Maryl	end				AT COUNTRY?		Thom	as Con:	away				
14A.USUAL OCCL	JPATION (GI		14B. KINI	OF BUS	INESS OR INDU	JSTRY 15.	MOTHER	'S MAIDEN N	AME				
done during most of the Flori			Reta	il F	lorist	1	Mary	Ell en	Trip	lett			
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE		SOCIAL SECURITY NO	18. [	INFORM	ANT		- 0	ADDRESS	5	
(Yes, no or unknown Yes.		W.W.1	of service		16-09-7		Δ t: 7 e	e Const	JAV	Box 38 Finksb	5 Rt	•#3	
19: 0 4 4		NA PAR PT		14	CAUSE OF		AULU	o oona.	vay	FINKSO	m.g.		XIMATE INTERVAL
4817	, / 1											BETWEEN	ONSET AND DEATH
DISEAS		DITION DIREC	CTLY										
/71	LEADING TO					ATE CAUSE		Bronch	opneur	monia			
heort foilure	e, asthenia, etc	made of dy c. It meons the	disease,		DUE TO	, OR AS A C	ONSEQ	JENCE OF:					
injury or cor	mplication whi	ich coused de	ath.)										
Δ.	NTECEDENT	CALISES			(0)	Fracti	ired	hin				U.	
		IONS, IF ANY	, GIVING		DUE TO	, OR AS A	CONSEC	hip UENCE OF:					
RISE TO TH	E ABOVE CA	USE (A) STAT	ING THE										
Z	, CONDI	IIOIY LASI.			(C)								
E E 8/2		11						1.5					
OTHER SIGN		NDITIONS CO											
DISEASE OF	RCONDITION	GIVEN IN PA	ART 1 (A)							n aller soon sold made date are aller soon aller soon aller soon saler date and alle	**********		
OTHER SIGN TO THE DE DISEASE OF 20A. DATE O	F OPERATIO	N 20B. CON	NOITION	FOR WH	ICH OPERATIO	N WAS PE	RFORM	ED			21. A	UTOPSY	Y? (Yes or Na)
												7	YES
	NAL CAUSE			228. PLA	CE OF INJURY	(e.g., in or	obaut 22	C. WHERE DID	(If in Baltin	more City, give	exact lacati		27-10
UNDERLYING UTING CA					rm, foctory, street	, office bldg	i., etc.) IN			60 5	t II o	f D	A
		Doy) (Yeor	) (Hou	-	treet	RED 4	22	F. HOW DID I	NJURY OC	e, 60 ft	L. W C	DI DE	enmore Ave
OF INJURY	-		, (	′	E AT	NOT WHILE							
(APPROX.)	1	20 68	6:28	m. WOR		AT WORK	XX	Subject	hit l	by car			
23.	et f al a. 1. 1.			<b>-</b>			TS7	and day	41 - 1	- Jd -			
		neld an 1			ispection [_]	Autapsy				s, death in		n	
resul	ted from	Vatural cau	ses 📗	DACE	dent XX S	uicide	Ho	micide	Undeter	mined mann	er		
	1	X	1	11	111-		C	HIEF MEDICAL	EXAMINE	R L		DA	ATE SIGNED
SIGNAT		dre	4		VVII	MD	ASSIS	TANT MEDICA	LEXAMINE	R X			TIE STOTTED
EXAMIN							ASSO	CIATE MEDICA	FXAMINE	R			
NAME (	Type) Ec	lward F	. Wil	lson,	M.D.		,,,,,,		2.0		Fe	brua	ary 28, 19
24A. BURIAL CRE REMOVAL (Spec	MATION,	24B. DATE			NAME of CEME	TERY or CI	REMATO	RY 24[	LOCATIO	ON (City,	lawn, ar co	100	(State)
Burial		Mar -2	196	8 Pr	ovidenc	e Ce	me te	ry	Gambe	r, Mar	ylan	d	
25 A. DATE REC'D					REGISTRAR		_	UNERAL DIREC			ADDRES		
A	IAR 1	1968	Re	B 8	Farley	MA	H.	9.5.00	clf	Owings	Mil	ls,	Md.
VS 151-REV. 1/10	B F 2	10,4					-	/					Į.

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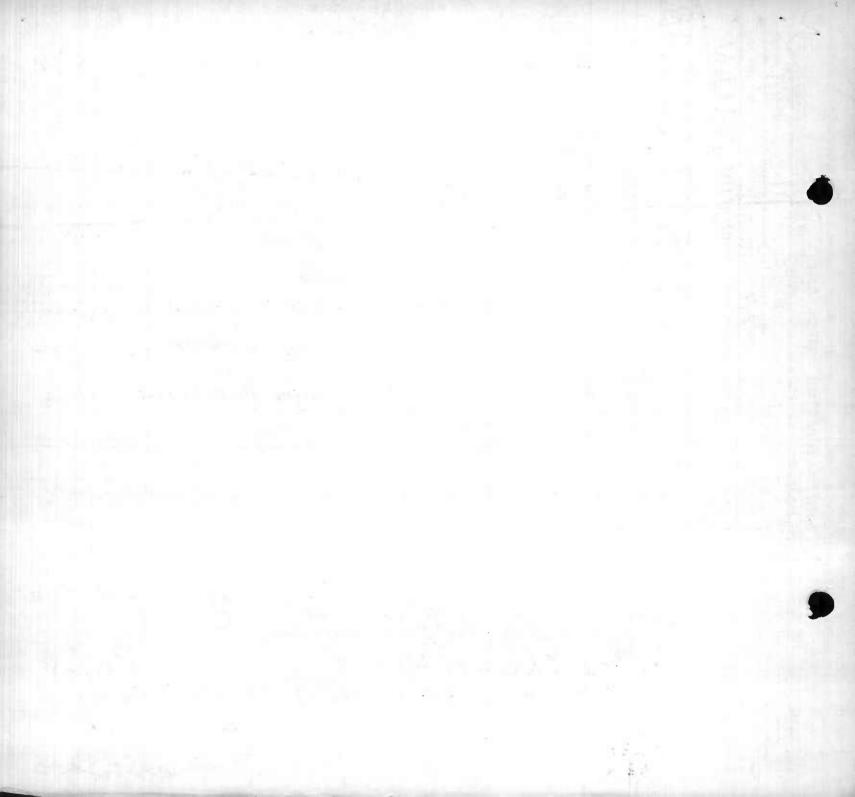
FUNERAL DIRECTOR: IMPORTANT

(	-421 60-00	BALTIMORE CITY	HEALTH DEPARTMENT		06 0600
	9-43/ 68-23	CERTIFICA	TE OF DEATH	REG. NO.	<u> </u>
	RTH NO.	111		DOHOUR OF DEATH	
(Ту	pe er Print) ( >OLDBERG	- IVIORR	IS Fel	28.1	968 210 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. STATE B. COUNT		stitution: residence before edmission)
FLI	ILL NAME OF (IF NOT IN HOSPITAL OR INST	ITIITION CIVE STREET	WARYIM	WD -	0 101
H	JLL NAME OF (IF NOT IN HOSPITAL OR INST OSPITAL OR ADDRESS OR LOCATION)	TIONON, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
4,	16 / 1001 / 600	0.712	BALTIMON	RE	YES NO NO
14	2 INAL TOSE	YIIAL	E. STREET AND NUMBER	100	9 -
1			575710	ELSON /	TE
5.	SEX 6. RACE 7. MARRIE	NEVER MARRIED		est birthday	If Under 1 Yr. II Under 24 Hrs. Menths Deys Heurs Min.
E	ALE WIDOWE		5/4/77	60	
	K USUAL OCCUPATION (Give kind of work 108, KIND ( ne during most of working fife, even if retired)	OF BUSINESS OR INDUSTRY	11. BURTHPLACE (State er fereig	gn country)	12. CITIZEN OF WHAT COUNTRY?
		PRIETOR	POLAND		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	ISAAC GOLDBERG		IDA RUDE		
	Wes Deceased Ever in U. S. Armed Ferces? s, ne er unknewn) (II yes, give war er detes ef service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
(16			LUDO DELLE	2010000	FARA UFLOOU AUF
-	NO 18. 3 4 5 / I	CAUSE OF DEAT	6 MRS. BELLE (	JULUBERG,	5439 NELSON AVE.
	DISEASE OR CONDITION DIRECTLY		100	· 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE I LI TIPLE	prestait	FIS ( COUS 2WID
	(This daes not meon the made of dying, e.g. heart failure, asthenia, etc. It means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury as complication which caused death.)	(2)	1.00	10	1 10
	ANTECEDENT CAUSES		trevince on	C VISE	6418
	DISEASES OR CONDITIONS, if ony, givin	9	A CONSEQUENCE OF:		
	use to the above couse (A) stating the	(C)			
	5 2 14	(0)	A	Ι Λ	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1/1	min Jala	10 10 th is	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		muc, acco	derverado	W
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes er Ne)	208. IF YES, WERE F	FINDINGS CONSIDERED
CERTI					
	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., i eme, ferm, fectery, street, e	n er ebeut 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Beltimer	e City, give exoct locotien)
CAL	DEATH (netify medical examiner)	lc.)			
ED	OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROV)	Vhile At Not While Verk At Werk	° 🗆 📗		1 ^
	22. I certify that (1) (this hospital) attended		121/6/	9to2	125 1808
	that (1) We last saw the deceased alive an	2120-			nion death accurred an the date
	and hour and fram the causes stated abave.		- 3	ii iii(iiiy) ((ddi)) opii	mon death decorred an the date
	23A. SIGNATURE	(IF the) (did not)	new the bady after death.		23B, DATE SIGNED
	Talla Talla	MATO AH	ending Med.	Staff TSIA	10-10
	23C.PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phys.	100/65
	NAME (Type)	IMA	230. ADDRESS ///	4 Khon	1.74
	NEWN TO WOOD	JIII. DEGREE	90 110	AL LAND	1172
24	A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specily)	NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION NE	ty, town, or caunty) (State)
	BURIAL 3-1-68 L	UBAWITZ NUSA	CH ARI BA.	LTIMORE. A	MARYLAND
25		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
1	The state of the s	a destroy as	SOL LEVINSO	N & BROS.	ISTERSTOWN ROAD
VS	150-REV, 1/1/6B			O V I V IC	

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DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT

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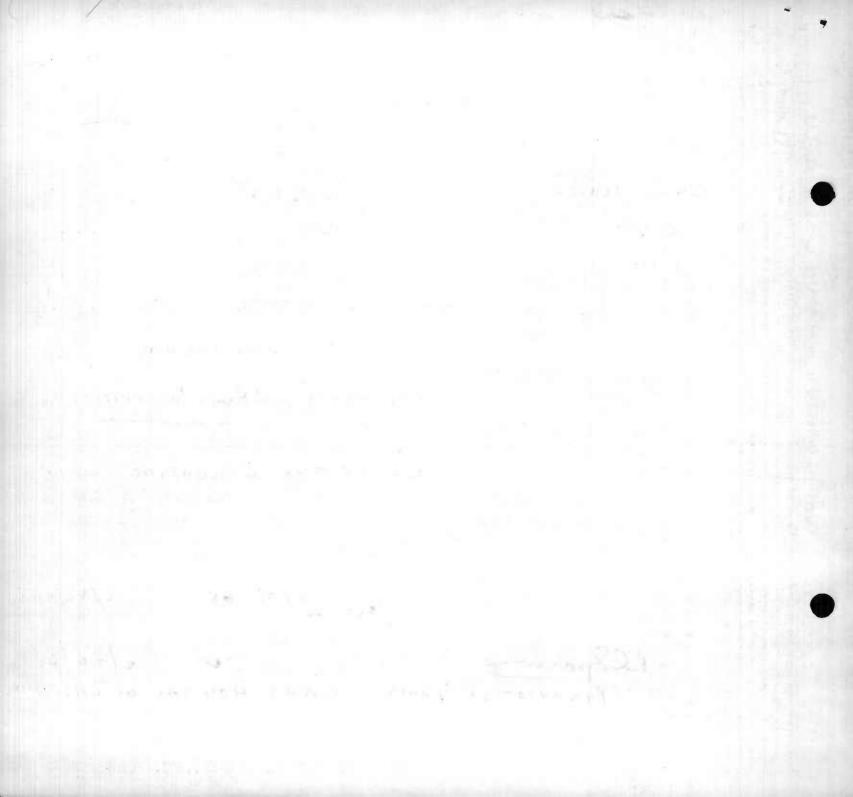
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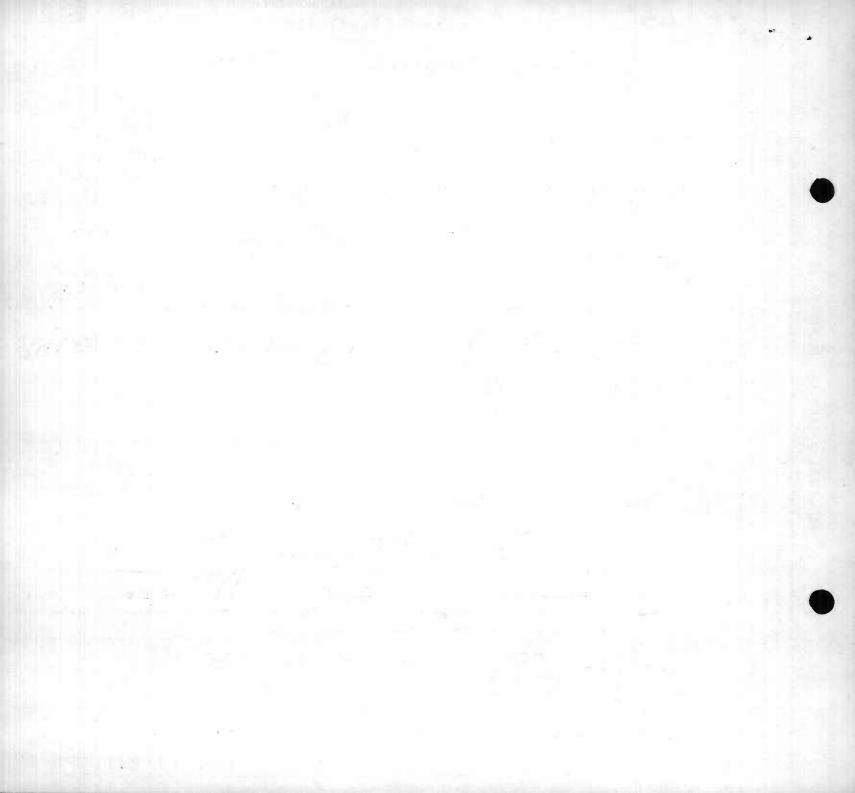
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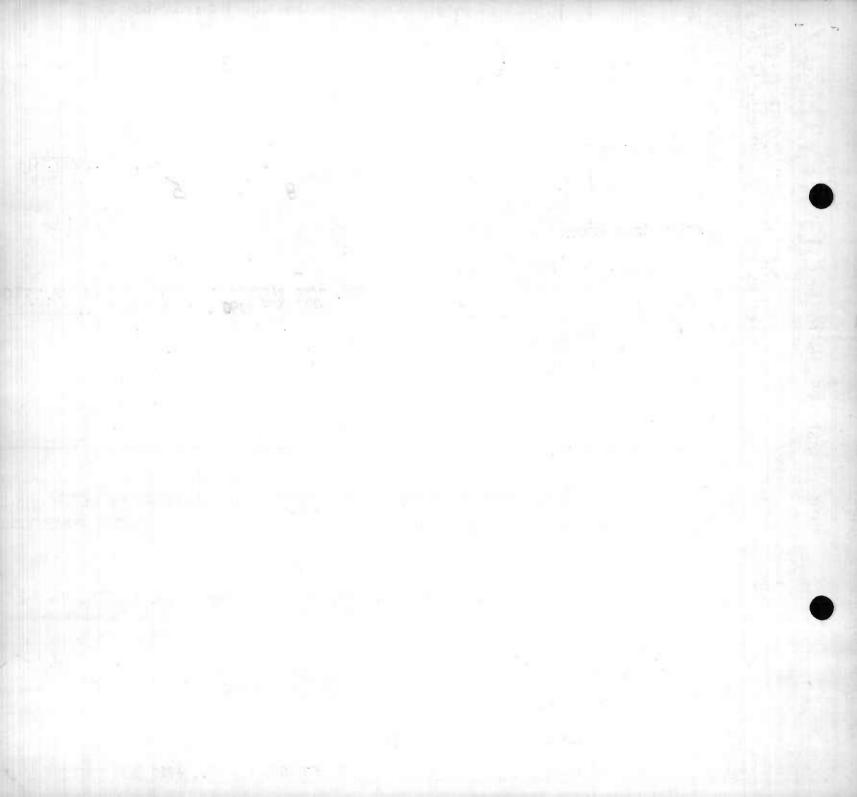
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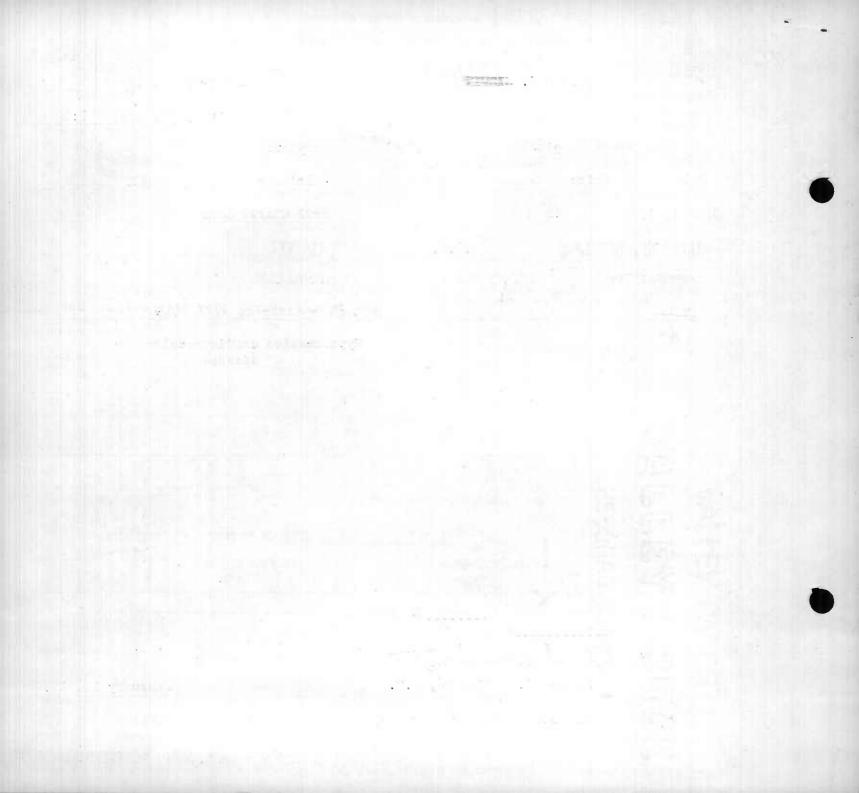
100	101		68- 239	BALTIMORE CITY	HEALTH DEPARTMENT		00
2.1	70 0 T	DID.		CERTIFICA'	TE OF DEATH	REG. NO.	68- 2393
	and eath ased the Such		TH NO.  AME OF DECEASED	71 /	2. DATE AN	D HOUR OF DEATH	
	l and death eased n the Such	(Typ	e or Printl DARDON JOIN THE	CO) ISAAC	7 -	27-68	19:20 Am
	005	3. 1	LACE IN BALTIMORE MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (When	e deceased lived, If inst	itutian: residence befare admission)
	hospituse of (5) De ance death				A. STATE B. COUN	TY	07-12
	de de de	FU	L NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	TON, GIVE STREET	c. CITY OR TOWN	) In this in	CITY HARTES
	a h caus se; (se)	IN:	ΝΟΠυπ		E Tom		YES NO
		4	2		E. STREET AND NUMBER		TEST NO L
	P.E 0 B.E .	1/0	SINAI HOSPITAL		11 90 m/Ke	1000	AUE ART GOA
	de de de	5. 5	EX A 6. RACE A 7. MARRIED TO	A NEWER MARRIED [7]	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
	occurre ontribut ermined regular eased p	1	market &	VIAGA EK WINKKIED		lost birthdoy	Months Doys Hours Min.
	occount ont reg reg	104	USUAL OCCUPATION (Give kind of work 10B, KIND OF	DIVORCED DIVINITERY	1) RIPTHPI ACE (State or form	an country)	12. CITIZEN OF WHAT COUNTRY?
			during most of working life, even if retired)		D 1 1	gir cooniny	0080
	P P P P	RE	TAIL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KER	Tolano		0014
	D + D e o	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AE A	2
-	rect (4) U was the ispos		Sidoma on Daggiandi	4.0	200 - 1	Jus 20151	4
Z	E.P. + E.D	15.	Was Deceased Ever in U. S. Armed Forces	6. SOCIAL	17. INFORMANT	0 7	ADDRESS
4	-0-00	(Ye	no or unknown) (II yes, give wor or doles) of service)	SECURITY NO.	MRS. ROSE SAPPE	RSTEIN, UBELL	EDÉRE TOWERS, APT9 (
IMPORTAN	ssiss th th kin d	_	100	ナバインムーンラ	(xxxxxxxx)	190W. BELVED	ERE AVE. #21210
0	if i		18. / 6 2. /	CAUSE OF DEATH		Δ.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	So, So,		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		D	at Anne	1
=	Als Als me		(This does not mean the mode al dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	vay eva	3) V
	20 - 0		heart loilure, osthenio, etc. It means the disease,	DUE 10, OR AS A	CONSEQUENCE OF:	117	
8	act act pr ula mb	ı	injury or complication which caused death.)	CA		- n.	
1	E.E. T. O.D. a		ANTECEDENT CAUSES	(B) P	r E) lung	c metaste	NO.
S	X A A	г	DISEASES OR CONDITIONS, it any, giving rise to the obove couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
DIRECTOR:	9 E E E	Н	UNDERLYING CONDITION last.	(c)	***************************************		
	dical dical rrns; sicia was main		1/38				
7	W U 7 3 4	NO O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
2	m he hoppy	ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
FUNERAL	iet ody dy ici	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
5	A H BB	m	0		100		
I	the (2) ere o ph	U	21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in , lorm, loctory, street, olf	or obout 21 C. WHERE DID	(tf in Baltimore	City, give exoct lacotion)
	he he	O A	DEATH (notify medical examiner) etc.)				
	00 - 5 70	ED	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, I	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	9 2 9 9 5	2	(APPROX.) While	Not While			
	rove he h y ne xce and btai		22. I certify that (1) (this haspital) attended the	-	-51-6	19 6×10 2	-27 1968
	G + E 0 0		that (I) (we) last saw the deceased alive an		7		
	of o					at in (my) (dut) opin	ion death occurred an the date
			and haur and fram the causes stated above. (1)	(We) (did) (did nat) vi	ew the bady after death.		- A A A A A A A A A A A A A A A A A A A
	ased to dent of ospital death) must b		23A. SIGNATURE	Ana	nding Med.	/	23 B, DATE SIGNED
	3 0.5 6 4		Dam Delau	OF DE GREE Phys	Director L	Staff Phys.	2-2708
			23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	01/	. /
	An a An a prior		Som he 5 mi	100		Hes	R. Tal.
	*	24/	BURIAL CREMATION, 24B. DATE 24C. NAI	ME of CEMETERY of CRE	MATORY 24D. L	OCATION (City	fown, or county) (Stote)
	od)			IN ALUNIA LIO	THOTALL	ITTUANT UIS	(// ///0
	S w	254	BURIAL 2-28-68 CHIZ	E REGISTRAR	INGTON) BA	LTIMORE, MAR	Y LAND ADDRESS
	This certification the body shows: (1) was D.O. deceased written a		3140 7 4000 0	Farbuna			
	4 7 7 7	Ve	150-REV. 1/1/6B	// CONTRACTOR	JOE PENTINSON &	DKU3. 0010	REISTERSTOWN ROAD
		A 3	100-05 Tr 1/ 1/ VD				



5-413 42 FHO

DIE	RTH NO.		MED	ICAI	LEXA	MINER'S	CERTIF	CATE O	F DEAT	H REG. NO.	68	2394	
1.	I. NAME OF DECEASED HERMAN SIAVITZ ABRAHAM H. STAVITZ							Known 🔼	Month Tehru	ary 26,	Yeor 1968	Hour	
4.	PLACE IN BAL						3. DATE	Estimored E	Month	Dov.	Yeor	Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						PRONC	UNCED DEAD	Febru	ary 26,	1968	7:10		
OK.	INSTITUTION	Sinai	Hospit	a1		(DOA)	A. STATE	RESIDENCE (Who Maryland	ere dece osed li	B. COUNTY	: residence b	etore odmission	1)
6.	SEX	7. RACE		8. MARI	RIED 🖾 N	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS?	1-1-	T.
1	Male	Wh	ite	WIDO	WED 🗌	DIVORCED [		Baltimor	e	YE	s X	NO 🗆	
	NE 1. 19		10. AGE (Ir lost birthdo 65	yeors y)		1 Yr. II Under 24 Hrs. Doys Hours Min.	E. STREET	AND NUMBER 3907 Cla	rks Lan	e			
	BIRTHPLACE (S		gn country)		12. CITIZ	EN OF	13. FATHE						
B	ALTIMORE	MARY	TAND			S.A.	MAX	SIAVITZ					
144	USUAL OCCU	PATION (Gi	e kind of work	4B. KINI	D OF BUS	INESS OR INDUSTR			AME				
la on	e during most of w PROPRI	ETOR	ven irretired)	GROCE	FRY ST	TORE	MIN	VIE KIRSO	M				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S?   17.	SOCIAL	18. INFOR			AC	DRESS		
(Ye	s, no or unknown) NO	(It yes, give	wor or dotes	ol service	e)	SECURITY NO.	MRS. T	EAN SIAVI	T7. 390	7 CLARKS	S LANE	#2121	5
	19. // / 5	20				CAUSE OF DEA	1		, , , , ,	7 02711010	AP	PROXIMATE INTER	RVAL
	7/9		ITIO LI DIOC				Hype	rtensive	cardio	vaccular		EEN ONSET AND	DEATH
		LEADING TO	DITION DIRECT	LILY				.r censive	diseas				
	(This does n	ot meon the	mode of dy	ing, e.g.,		(A) IMMEDIATE (	AS A CONSE	QUENCE OF:	arscas				
	injury or con	, osthenio, etc aplication wh	c. It meons the ich coused dec	th.)									
Z	DISEASES O	NTECEDENT OR CONDITI E A80VE CA NG CONDIT	ONS, IF ANY	, GIVINO	ē E	(8)	AS A CONS	QUENCE OF:					
CERTIFICATION	TO THE DEA	IFICANT CO	II  NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	MINAL								
RT						ICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or N	10)
ប	5										1	No	
EDICAL	UNDERLYING		ITRIB-			CE OF INJURY(e.g., m, loctory, street, office				re City, give exo		10	
M	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED OF INJURY OCCUR?  OF INJURY (ADDROCY)  WHILE AT NOT WHILE												
	23.  I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death In my opinion												
	result	red from: h	Natural cau	ses X	Acci	dent Suici	le 🗌 🕨	omicIde	Undetermi	ned monner			
	1200	7	1 1	1	0	1 -/		CHIEF MEDICA	LEXAMINER				
	ACTUAL ASSISTANT MEDICAL EXAMINER W												
	SIGNATI EXAMIN NAME (1	ER'S	Charles	s.	Sprin	gate, M.D.		OCIATE MEDICA	L EXAMINER	Feb	ruary	26, 196	8
24 RE	A BURIAL CREAMOVAL (Special BURIAL	MATION,	248. DATE 2-27-6	\$		REW YOUNG N			ALTIMOT	(City, town	I AND	(Stote)	
<u> </u>	A. DATE REC'D					REGISTRAR		FUNERAL DIREC			DDRESS		
23	A. DATE REC D	MAR 1	1968			Farber MA		LEVINSON				RSTOWN	ROAD
1/5	VE 161 DEV 1/1/49												

VS 151-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

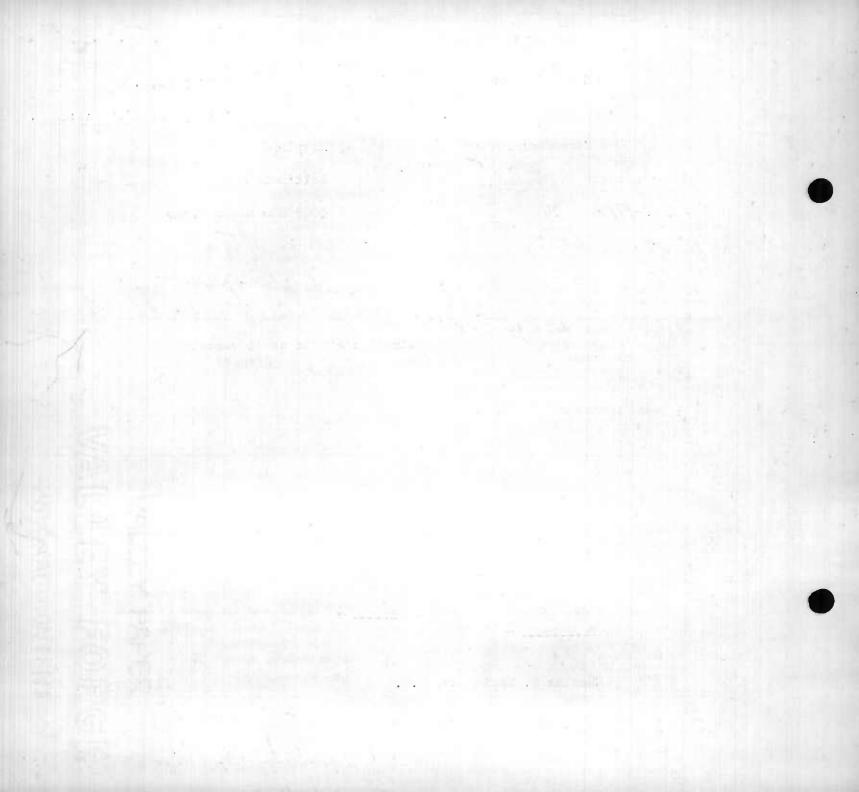
Attended to the same of the same OIL De Hamily TTON MODALING THE TOHIS HOPKINS HOTEL IN THE

5.351

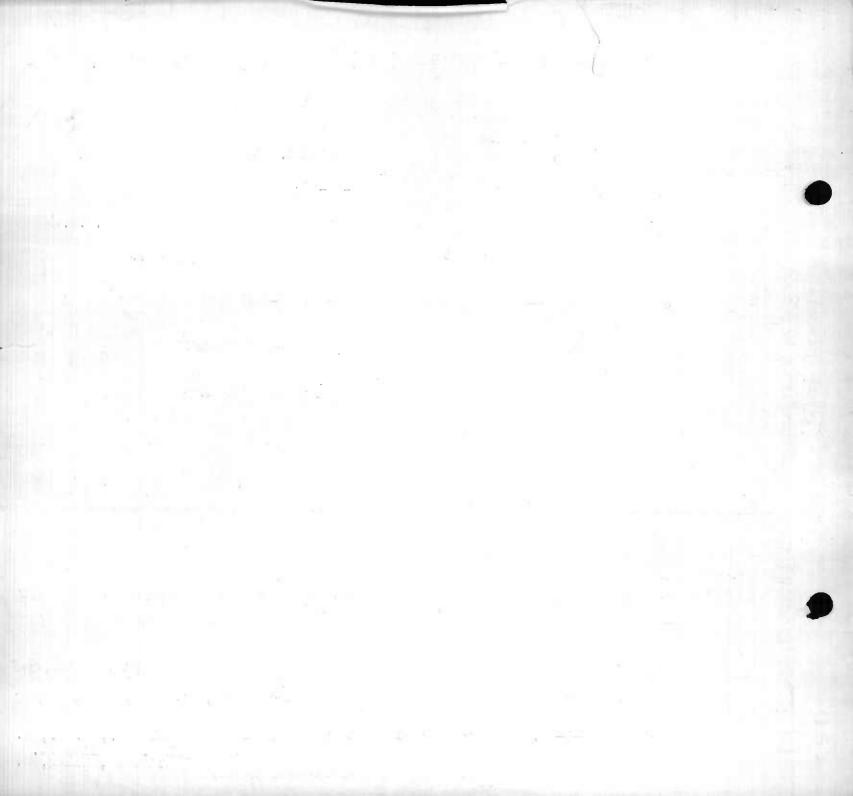
## 68- 2396 BALTIMORE CITY HEALTH DEPARTMENT

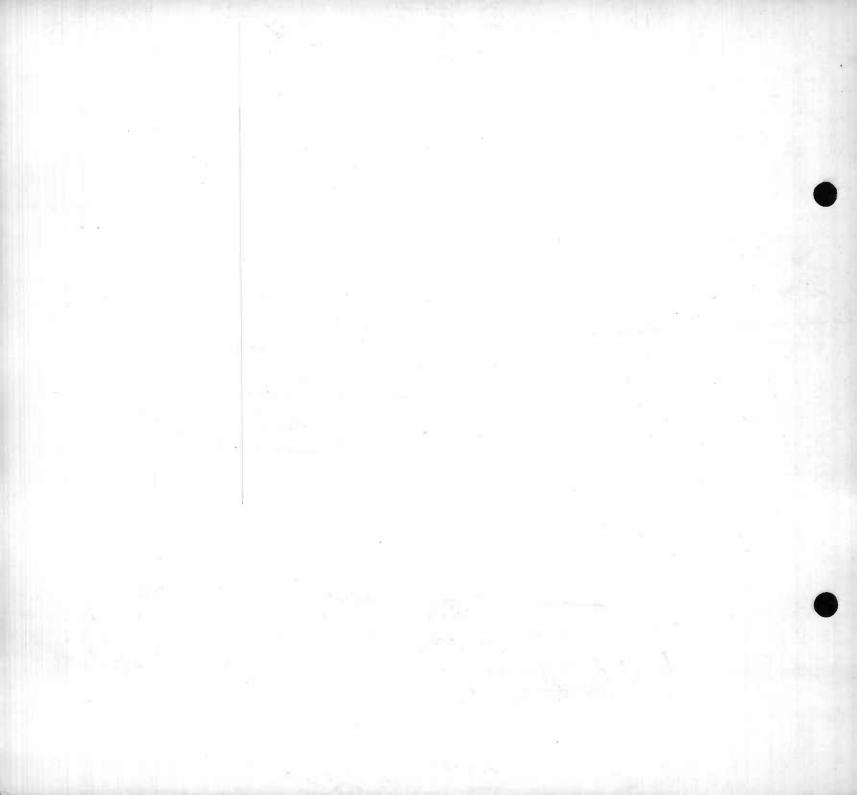
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

MEDICAL EXAMINER'S C	EPTIFICATE OF DEATH 68- 2398
BIRTH NO.	REG. NO.
NAME OF DECEASED Earl STANBACK SOMUCI	2. DATE Knawn X Month Day Year Hour OF DEATH Estimated   February 25, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 25, 1968 11:15 A.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3008 Edmondson Avenue	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ Divorced □	Baltimore YES X / NO
9. DATE OF BIRTH  2 - 2 2-1912  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER  3008 Edmondson Avenue
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	W. WILL STANDARD NAME
dane during most of working life, even if retired)	MOTHER S MAIDER NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na or unknown) (If yes, give wor or dates of service)  SECURITY NO.	At less
19. // 19	THE APPROXIMATE INTERVAL
4/2,4	BETWEEN ONSET AND DEATH
	iosclerotic cardiovascular
(A) IMMEDIATE C (This does not meon the mode of dying, e.g.,  DIFTO OR A	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	IS A CONSEQUENCE OF:
injury of complication which coosed death.	
ANTECEDENT CAUSES (8)	**************************************
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OF COLUMN (C)	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
	in or about 22C. WHERE DID (If in Saltimare City, give exact location)
UNDERLYING OR CONTRIB-	Foldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	
I certify that I held on Inquiry Inspection Aut	topsy 🛣 ond that on this basis, deoth in my opinion
resulted from: Notural couses X Accident Suicid	Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL ()	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D.  EXAMINER'S Charles S. Springerto M.D.	ASSOCIATE MEDICAL EXAMINED
NAME (Type) Charles 5. Springace, Field	February 26, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D JOCATION (City, tawn, or county) (Stole)
Burial, 2-29-68 Tht. Clu	hurn Daetimene Mx.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	256. FUNERAL DIRECTOR ADDRESS
MAR 1 1968 P. P. B. E. Stanley MA	Kinking to - I Ol. Men 100 7h Manual
1100 111 - 1000 0000	municipal Julies 1/1/01/1/0000

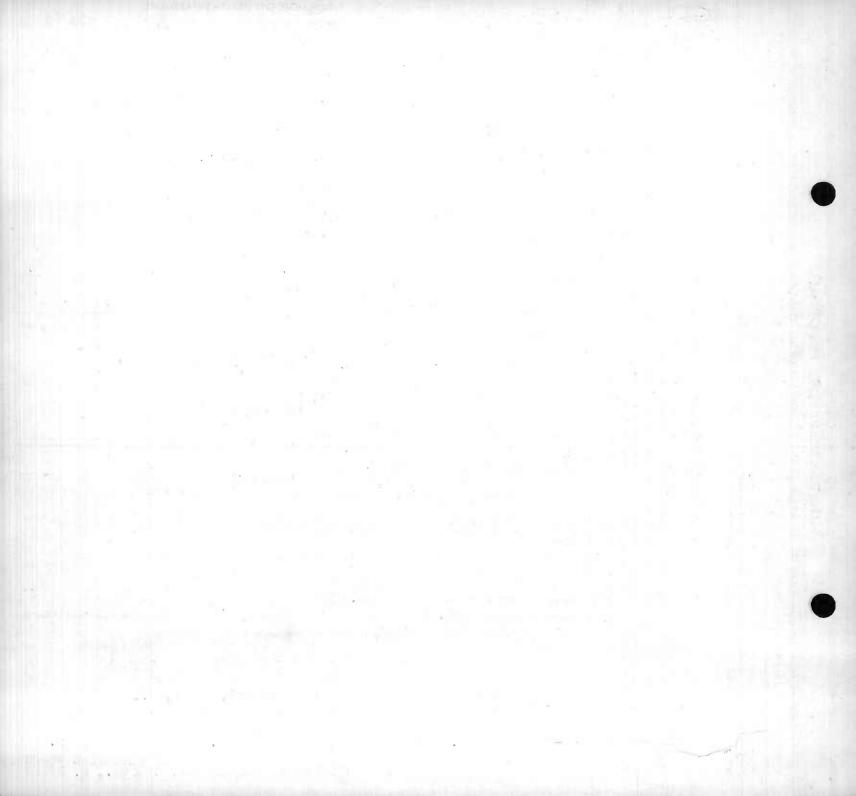


SAB-41-36-72		CO	0000	BALTIMORE CITY	HEALTH DEPARTME	NT	68- 2397
005005	RII	RTH NO.	2551	CERTIFICA	TE OF DEAT	H REG. NO	00 2007
Such	1,1	NAME OF DECEASED			2. DA	TE AND HOUR OF DEATH	240
-705	(Ту	re or Print) LENA HUPK	A (MAC	GDAIENA (LEN	MA) HUPKA	FEB 27th.	1968   12 25 A M.
the Definition	3.	PLACE IN BALTIMORE, MARYLAND, WHERE	1		4. USUAL RESIDENCE	(Where deceased lived. If ins	
n a hosp cause use; (5) tendanc	H	OSPITAL OR ADDRESS OR LOCATION ISTITUTION Baltimore City 4940 Eastern Av	Hospit	ON, GIVE STREET	Maryland c.city or town Baltimore	D. INSII	DE CITALIDATES? 6-68
ed in tring drag		Baltimore, Maryl		21224	3408 Mt.	Pleasant Avenue	21224
buland	5.	SEX 6. RACE 7. M	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	tt Under 1 Yr. It Under 24 Hrs. Manths: Days Haus Min.
occurre ontribut ermined regular regular	I	Female White will	DOWED	DIVORCED	1-31-1893	75	
000000		A. USUAL OCCUPATION (Give kind of wark 10 B.	KIND OF BI	USINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
de i e	do	ne during most of working lile, even if retired)	House	e Work	Maryland,	Baltimore	U.S.A.
	12	Retired	nous	10 HOLK	14. MOTHER'S MAIDE		
if d if d (4) U wa the	13.	Tohn N	lagenga	ast	14. MOTHER'S MAIDE	Barbra Erlbac	her
T if if (4)		301111				Darbra milioaco	
Z EPÉE	· (Y a	. Was Deceased Ever in U. S. Armed Farces? es, no or unknown) (If yes, give war ar dotes af	service) 1 6	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
RTA ssiste the the dec	3	No -			Records: BCH-	4940 Eastern A	venue 21224
d t t		118.		CAUSE OF DEATH			APPROXIMATE INTERVAL
IMPORTANT or his assistant Also, if the dir of any kind; () ounced death		DISEASE OR CONDITION DIRECTI	ıv			Λ .	BETWEEN ONSET AND DEATH
A Property of the Property of	)	LEADING TO DEATH	-1	THE PART CALL	Credia	s Kellitus	-
0 4 5 5 0 5		(This does not meon the mode of dyin		(A) IMMEDIATE CAU	A CONSEQUENCE OF:		
Store or		heart failure, asthenia, etc. It means the injury or complication which caused deat					
O LI LO DE		ANTECEDENT CAUSES			Phy Gol	Kellitu	
T min truly the book	3			(8)	A CONSEQUENCE OF:		
E × × × × × × × × × × × × × × × × × × ×		DISEASES OR CONDITIONS, if ony, rise to the abave cause (A) stati		DOL 10, OK AS	A CONSEQUENCE OF		ł
DIRECTOR: ical examiner. is; (3) A fractu cian who pre as in regular	2	UNDERLYING CONDITION lost.		(c)		7-0-04-MM0000000000000000000000000000000	
L DIR	,	260X II			**		
AL C medic edica burns hysici	N O						1
RAI med med buy phy	ATIO	TO THE DEATH BUT NOT RELATED TO THE TELL  ( DISEASE OR CONDITION GIVEN IN PART I (A					
m 6 6 0 5	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WH	IICH OPERATION	20 A. AUTOPSY? (Yes	or Nat 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
Z + S & S + S S	0 00	0			NO		
- E - 4	5 0	OR CONTRIBUTING CAUSE OF	21 B. PL hame,	ACE OF INJURY (e.g., i farm, factory, street, of	n ar abaut 21 C. WHERE ffice bldg., INJURY OCC	DID (If in 8altimar UR?	e City, give exact location)
T D : 2 9 9 9	A A	DEATH (natity medical examiner)	etc.)				
6.2.3.4	3 0	21 D. TLAAF (Month) (Day) (Year) (He	our 21E. IN	NJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
hosp hosp rept d (6)	× ×	(APPROX.)	While	At Nat Whi!			
n y n n n n n n n n n n n n n n n n n n	2		Wark	☐ At Work	FEB 26	19 <b>68</b> ta F	EB 37 19 68
07 000	2	22. I certify that (I) (this haspital) att					
10 to	b	that (I) (we) last saw the deceased al	ive an	Feg 27	19 6 6	and that In (my) (aur) api	nian death occurred an the date
0		and have and from the causes stated a	bave. (1) (	(We) (did) (dld nat) v	iew the bady after d	eath.	
+ 0 0 0	2	23A. SIGNATURE					23 B. DATE SIGNED
		Jalubian	Wan	OEGREE Phy	ending Med. s. Director	Staff Phys.	FEB. 2744, 1968
		23C: PHT31Ch 273			23D. ADDRESS B	altimore City H	ospitals
was r An a	24	Jack Brandes					ore, Maryland 21224
	2 24	A. BURIAL CREMATION, 248. DATE	24C NAM	OEGREE			ty, tawn, ar county! (State)
E-0000		REMOVAL (Specily)					
	<u> </u>	Burial 3-1-68.		red Heart Ce		1401 German Hi.	ll Rd., Ba.Co., Md.
This certif the body shows: (1) was D.O	25	SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF	REGISTRAR	2SC. FUNERAL DIE	901	imore, 21224, Md.
### 3 p 3	3	MAR 1 1968 Oblet 3	2. Faul	Seo La	Charles x	Seller Balt	THOLA , CICCA, mr.
	VS	150-REV. 1/1/68					



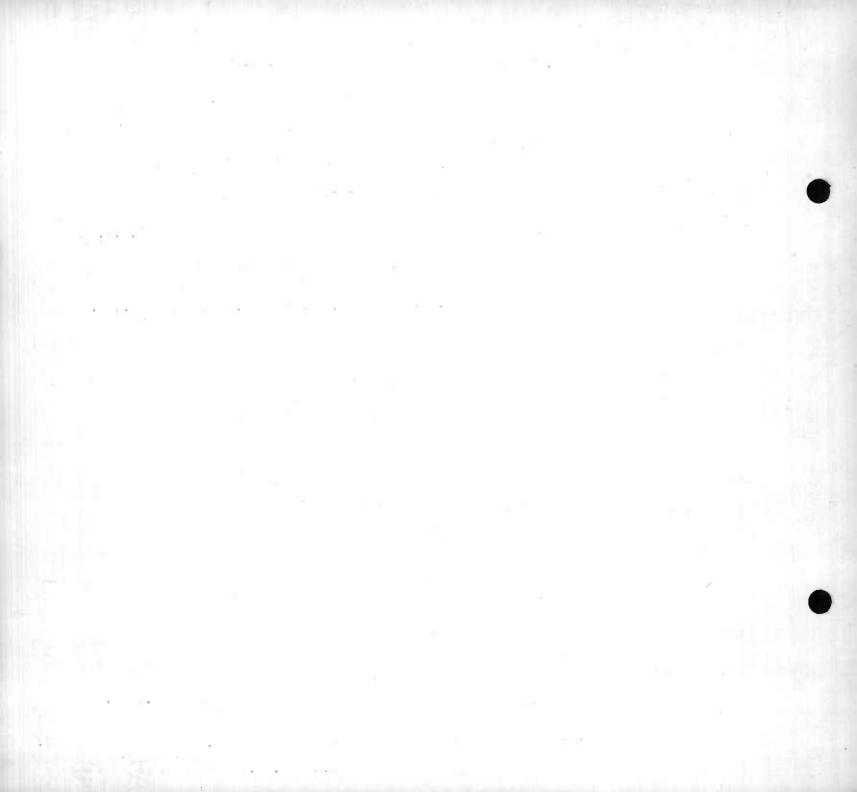


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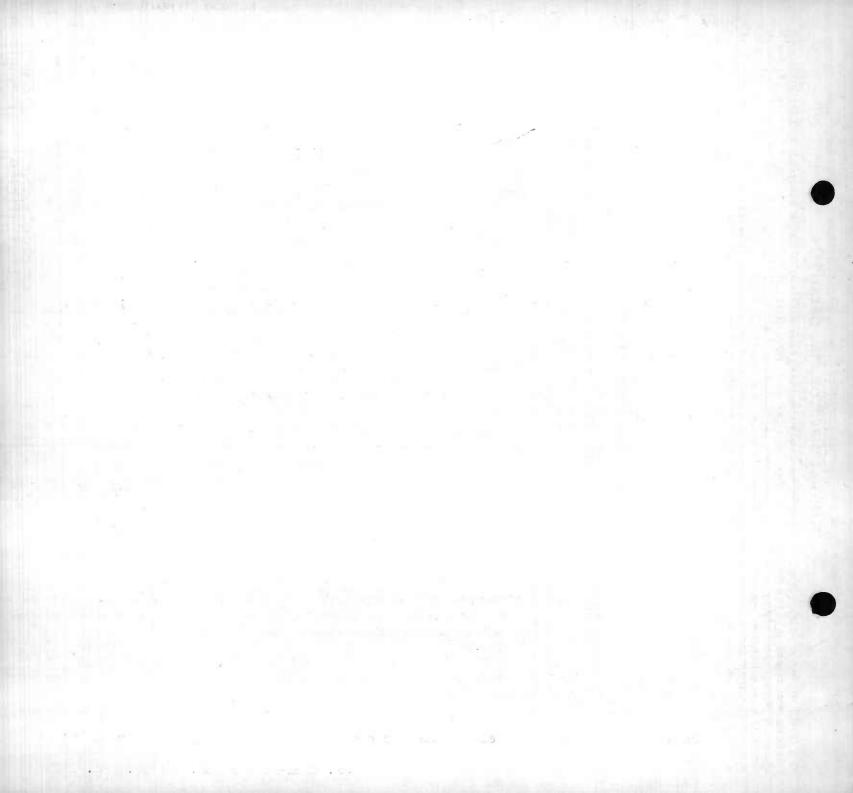
INAME OF DEC	EASED		*	TE OF DEATH	AND HOUR OF DEATH	1	
(Type or Print)	Louis J. I	allon		2-2	8-68		
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If	institution: residence be	fore odmissi
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	_	Balto.	SIDE CHY LIMITS?	1
46	Lutheran Hop	pital		516 Glen All	on Duitro		
- SEX	6. RACE	7. MAPPIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If	Under 24 H
Male	W	WIDOWED	= =	4-1-92	10st birthdoy)	Months Doys Ho	ours Min.
				11. BIRTHPLACE (State or fo	oreign Country)	12. CITIZEN OF WH	AT COUN
Retire	working life, even if retired) od Service Man			Maryland		U.S.X.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME		
Bernard	Fallon			Katherine Fa	llon		
S. Wos Deceosed	Ever in U. S. Armed Ford	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Allen Drive	
Yes	WW1			Mag El anama			
1B/ /	3 O SH 1 O-	4 V	212-05-4318 CAUSE OF DEATH	Mrs. Florence	A. Pallon,	APPROXIM	ATE INTERVA
1/100	SE OR CONDITION DIE	ECTIV			- FMONTE	BETWEEN ON	SET AND DE
DISEA	LEADING TO DEATH	LOILI	A DESCRIPTION OF CALL		EMBOLL	3 1	OURS
	not mean the mode of		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	-nac ATM	101	
	asthenia, etc. It means		1SCHE	CONSEQUENCE OF: MIC HEART DIS KILL ATION	ENSE Y MIN	11 5 mg	an
	ANTECEDENT CAUSES		FIB	ROLUS	CZNEONNE		
	OR CONDITIONS, if	aiuina	(B)	A CONSEQUENCE OF:			
	e abave cause (A)		DI	HEROSCLEROS.	18	2. mgc	wo
UNDERLYING	G CONDITION last.		(c)			<i>U</i>	
TO THE DEAT	/ 11 FICANT CONDITIONS COI TH BUT NOT RELATED TO THE	IE TERMINAL					
19A. DATE OF	OPERATION 198. CON	DITION FOR V	. 00	ZOA. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDER AUSES OF DEATH?	tED
OR CONTRIBL	NT WAS UNDERLYING THE DESCRIPTION OF THE DESCRIPTIO	21 B. hom etc.	e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Baltime	ore City, give exact loca	tion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
OF INJURY			ile At Not While	• 🗖			
		Wo					
22. I certify	that (I) (this haspital	ottended t	he deceased from 4	/ 0	194/ 10 2	- 28	196.6
thot (I) (we)	lost sow the decease	d olive on	2 - 23	1960 ond	that in (my) (est) of	inion deoth occurre	d on the
ond hour on	d from the couses stat	ed above. (I	) ( <del>We)</del> ( <del>did</del> ) (did not) v	iew the body ofter deat	h.		
23A. SIGNATU		1				23B, DATE SIGNED	
	tan lil	un.	M·D Atte	nding Med.	Staff	2.29.	- 68
23C. PHYSICIA	IN'S	· ····	DEGREE	23D. ADDRESS	Phys.	/	
NAME (T	ypė)				Arramia Dalid	Ma	
AA BUDIAL COS	Leon Ashma		DEGREE	5907 Gwyn Oak		•	
REMOVAL	MATION, 24B. DATE	24C. N	AME of CEMETERY or CRE	MATORY 24D.	LOCATION	City, town, or county)	(Stote
Burial	3-2-68	Lo	rraine Park Ca	ametery	Bal to.		Md.
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	metery	OR 4101	Edmondson	CC
:No.	AR 1 1968 (	20x 8	E. Fallen MA	Witake F. I	)., Balto, M	aryland 2122	Source
S 150-REV. 1/1/							

VS 150-REV. 1/1/6B



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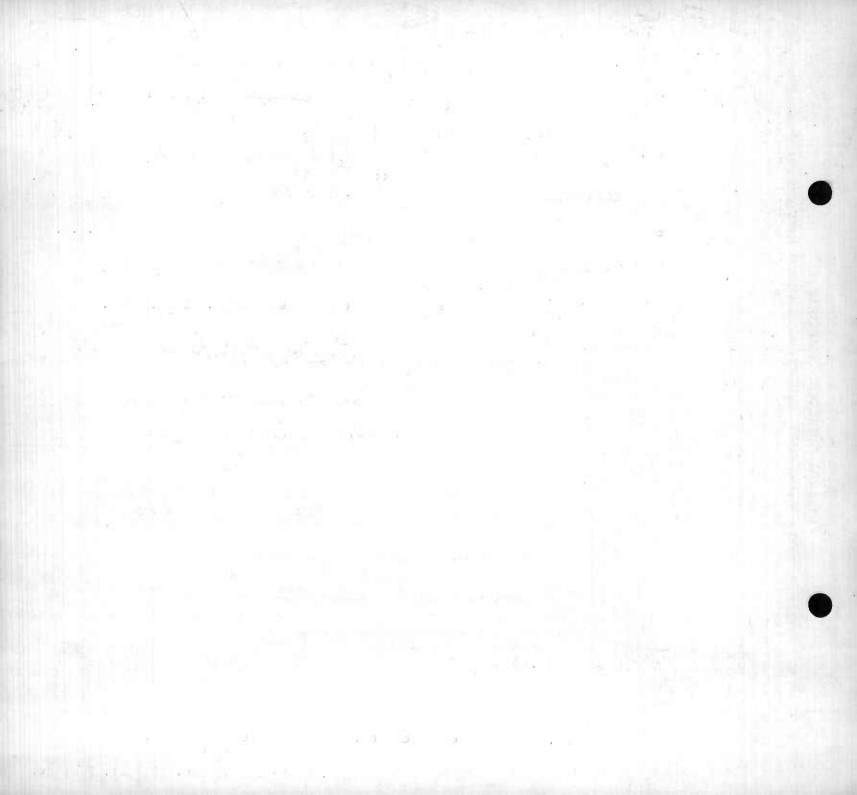
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IMPORTANT

FUNERAL DIRECTOR:

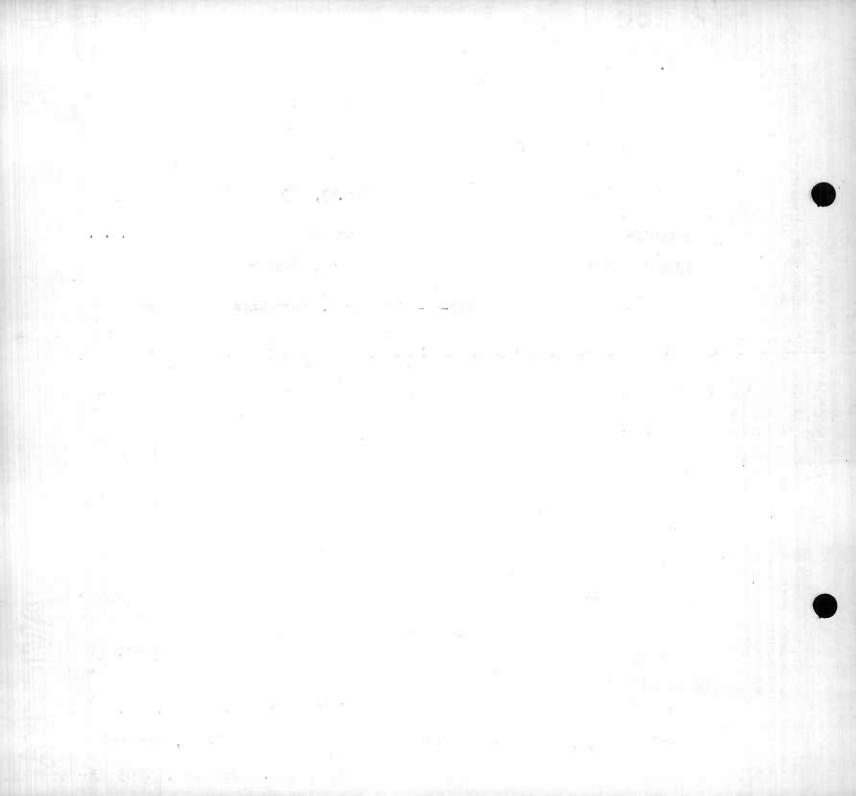
1	7 0-			BALTIMORE CITY	HEALTH DEPARTMENT	1	68- 2402	2
	1-256	203721168-	- 2402	CERTIFICA	TE OF DEATH	REG. NO	00 2302	
	NAME OF DECEA	03/27				AND HOUR OF DEATH		
	Type ar Print)		nicha	al England	00 01	20 /10	1,230	0
	3. PLACE IN BALTIA	MORE MARYLAND, WI	HERE PRONOUI	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence befor	re odmission)
					A. STATE B. CO	LE MNOVIN	MAID BUT	Cauty
	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	L OR INSTITUT TION)	TON, GIVE STREET	C. CITY OR TOWN	THIN /LA	SIDE CITY LIMITS?	3. (0911)
1				1/	0-10	WY IN	YES NO B	bi
11/	MARY	land Ge	NERCI	MOSQITAL	E. STREET AND NUMBER		ILU INO	7
1	0 1				604 Wi	nd wood F	ld. 53	.00
5	. SEX 6.	RACE	7. MARRIED	NEVER MARRIED XX	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If U Months: Doys Hours	Inder 24 Hrs.
	MALE.	10hite	WIDOWED	DIVORCED	2/22/68	lost birthdoy)	Months Doys Hours	s Min.
			IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHA	T COUNTRY?
		rking life, even if retired)			Balva X	nd.	U.S.A	
ī	None 3. FATHER'S NAME				14. MOTHER'S MAIDEN N		0.5.A	•
	11.5	V. 2 - 2 . )			Obosev	ta Fesn	. 00	
1		KNOWN ver in U. S. Armed Forc	es? [1	6. SOCIAL	17. INFORMANT	a 1 ESW	ADDRESS	
(	Yes, no or unknown) (I	f yes, give wor or dotes	of service)	SECURITY NO.	THE SKINGER		ADDRESS	
-	No			None	Medical Reco	rds-Md. Gen'l		
	18. 7721	0 1		CAUSE OF DEATH			APPROXIMAT BETWEEN ONSE	
1		OR CONDITION DIRI	ECTLY		P/	~ 1 + ···		
	(This daes nat	meon the made of		(A) IMMEDIATE CAU	SE Pulmonery	llejacjasis		
1		sthenio, etc. It meons icolian which coused						
		TECEDENT CAUSES		Plan	61	a Comme	-2 -	
		CONDITIONS, if a	nv. giving	(B) UF TO, OR AS	nary Edema	. + Conges	TIAN	
	rise ta the	obave cause (A)		1. 10.	,	na 4 Conges	077	
	UNDERLYING	CONDITION last.	THE PARTY	(c) CLYA	MAL COLIN	12 4 conges	non	
	Z 760.0	II ANT CONDITIONS CON	ITPIRITING					
	TO THE DEATH	BUT NOT RELATED TO TH	E TERMINAL					
			ITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED	D
	19A. DATE OF O	WAS PERF	DRMED		Yes	IN CERTIFFING CA	es	
	U 21A. ACCIDENT	WAS UNDERLYING	21 B. F	LACE OF INJURY (e.g., in	or obout 27C. WHERE DID	(If in Boltyno	ore City, give exoct locotion	on)
	DEATH (notify m		etc.)	, 10,111, 100101, 110101, 01				
		Month) (Doy) (Year)	(Hour) 21 E, 1	NJURY OCCURRED		NJURY OCCUR?		
	(APPROX.)		While					
١	22. I certify th	not (1) (this hospital)				19to		
1		est sow the deceased		deceosed from	19 and		inion deoth occurred	
	1 1	1		/W-\ / 1: 1\ / 1: 1			inion deom occorred	on the dote
	23A. SIGNATURE		ed opove. (1)	(we) (ala) (ala not) v	iew the body ofter deot	n.	238, DATE SIGNED	
	NIN	1, -00	N	Atte	nding Med.	Staff	2/20	1.
	23 . PHYSICIAN	i	) Market	DEGREE Phys	Director L	Phys.	12/28/	68
	AME Typ	e)	MAIN	-1/2	SO. ADDRESS			
	DENJ	AMIN 1	MALDO	NAD ODEGREE				
1	REMOVAL (Spe		24C. NA/	ME of CEMETERY or CRE	MATORY 24D	. LOCATION (C	City, town, or county)	(Stote)
	Buria			Glen Hav <b>e</b> n Ce	m. Ar	nne Arundel C	o., Md	
1	SA. DATE REC'D B	Y HEALTH DEPT.	25B. NAME-OF	REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS	3
	MAR 1	1968 Rober	DE. 40	Liber, MA	Wm. Cook-Br	rooks, Inc. 1	1217 St. Paul	St.
	S 150-REV. 1/1/68							



0	BALTIMORE CITY	HEALTH DEPARTMENT		00 0100
6-000 65-24	03 CERTIFICA	TE OF DEATH	REG. NO	68- 2403
	GERTII TOX			
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	225
Type or Print) K = 3 = 5 = 1	LV	21	29/68	933
KENNETH G	NAME OF THE PERSON OF THE PERS	A HISHAL RESIDENCE (Whose	deceased lived If in a	itution: residence before admission)
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	neceosed lived, it inst	notion: residence before damission,
		Macunis		
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND		0-01
NSTITUTION ADDRESS ON LOCATION		C, CITY OR TOWN	D. INSID	E CITY LIMITS?
		BALTIMORE		YES 🔀 / NO 🗌 🧖
11411 1	//	E STREET AND NUMBER		
MUDION MEMOR	eson Hose		0 .	
1 VETOTORO JETENTOR	JAK 10031.	3501 ST.	AUL St.	
SEX 6. RACE 7. MAADD	ED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr., If Under 24 Hrs
		10/10 los	t birthdoy)	Months Doys Hours Min.
WIDOV	/ED DIVORCED	10/8/05	62	
A. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTR
one during most of working lile, even if retired)	. 1 (	:20		11CA
SI EPN JA	eel (o.	MARYLAN	10	USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
The state of the s		THE S MAIDEN NAME		
Elivas laur		Mage	·	brance Diana
NIXON GUY		MARGARET	KODOO	Leon Pierce
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1100	ADDRESS
A /	JECOKIII NO.	Valler Nus	sell for yo	422-10101
/Vo		DROTHER	5958 Glor	2 to Ila Ava #6
1821 9 0 V	CAUSE OF DEATH	1	212 3	APPROXIMATE INTERVAL
				BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		م اه سا		
LEADING TO DEATH	(A) IMMEDIATE CAU	SE - my my sen	na E	
(This daes not mean the made of dying,	9. DUE TO, OR AS	CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise	ise,			
injury at camplication which caused death.)	.00		1	
ANTECEDENT CAUSES	VE	Diston	Vthazza c	
Distances on completions	ing (8)	VCOMESCUENCE AND		7
DISEASES OR CONDITIONS, if ony, give	9	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.				4 Curs
	(C)			1 1
3271 II				21
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG .			- 00
TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART + (A).		100 A 41 = A = (V	20B IF WEE	
19A. DATE OF OPERATION 198. CONDITION F	OK WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	20 B. IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CONSIDERED
X X YEAR ORIVIED		165	OZAMI MITO CAO	
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Rollimore	City, give exact location)
OR CONTRIBUTING CALLSE OF	home, form, foctory, street, of	fice bldg. INJURY OCCUR?	elouning in iii	Ony, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not While			
TOTTING ALL	Work At Work			/
22. I certify that (L) (this haspital) attended	ed the deceased from	2/28 10	68 to -	2/27 1968
ZZ. I certify filot (27 (*************) differior	me deceased from			
that (1) (we) last saw the deceased alive	on 7/27	19 60 and that	in (my) (our) apini	on death occurred on the do
11 011	an and a comment			
and haur and from the couses stated obove	. (I) ()**** (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE				23B, DATE SIGNED
	OHA GM V	nding Med. Sh	off No	2/36/10
WITH CLUB	DEGREE Phys		ys. 🔀	721/60
23C.PHYSICIAN'S	/ July 1	23P. ADDRESS	. 3 11	2 /
NAME (Type)	1 /	23p. Address Union Memor	ial Hospita	1/ 1/
INVIATE (1) Abe)		1/ IA	-	
		1 Med some III o	LLLAD	O Haston
W. H. Oehlert Jr.	DEGREE	mon /le	Morea	e Hoofilal
W. H. Oehlert Jr.		MATORY 24D. LOC	ATION (City,	town, or county) (State)
W. H. Oehlert Jr.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  2.44/6.8	DEGREE C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City,	town, or county) (State)
W. H. Oehlert Jr.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  3/4/68.	C.NAME of CEMETERY OF CRE Baltimore Ceme	MATORY 24D. LOC	ATION (City,	town, or county) (State)
W. H. Oehlert Jr.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  5A. DATE REC'D BY HEALTH DEPT. 25B. NAM	C. NAME OF CEMETERY OF CRE  Baltimore Ceme  ME OF REGISTRAR	MATORY 24D. LOC	ATION (City,	town, or county) (State)
W. H. Oehlert Jr.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 3/4/68.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAM	C. NAME OF CEMETERY OF CRE  Baltimore Ceme  ME OF REGISTRAR	MATORY 24D. LOC	ATION (City,	town, or county) (State)
W. H. Oehlert Jr.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  5A. DATE REC'D BY HEALTH DEPT. 25B. NAM	C.NAME of CEMETERY OF CRE Baltimore Ceme	MATORY 24D. LOC	ATION (City,	e Hoofilal

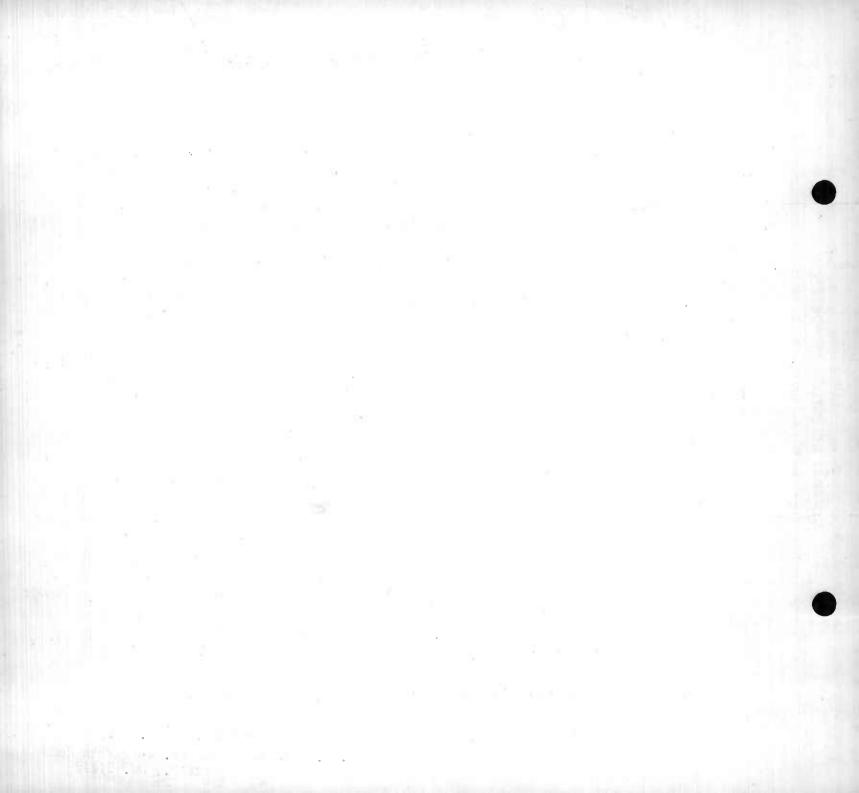
Sporter E e who of daips FUNERAL DIRECTOR: IMPORTANT

2-200	BALTIMORI	E CITY HEALTH DEPARTMENT		68- 2404
D-700	2404 CERTIF	ICATE OF DEATH	REG. NO	00 2101
IRTH NO.	C'10'1		ND HOUR OF DEATH	4 32 77) 0
ype or PG' Miriam	Bass	Febr	uary 29, 1	
. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	A. STATE B. COU	ere deceased lived, If in	stitution: residence before admission
CULL NAME OF (IF NOT IN HOSPITAL ( OSPITAL OR ADDRESS OR LOCATION NSTITUTION	OR INSTITUTION, GIVE STREE N)	Maryland c. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS!
1605 Kingsway Rd.	. #18	E. STREET AND NUMBER	gsway Rd.	
SEX 6. RACE 7.	MARRIED X NEVER MARRIE		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
1.77	IDOWED DIVORCE	=	lost bighdoy) 54	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108 one during most of working life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTR
Housewife	75.7857.043	Maryland		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Edward N Rice		Ida S Boesch		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
No	723-07-98	325 Mr L.Covert B	ass S	Same
18. 7.24.01	CAUSE OF	DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
(This does not meen the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused dec ANTECEDENT CAUSES	diseose, oth.)	or as a consequence of:	14	2 3/11.
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sto UNDERLYING CONDITION lost.	giving	allu tu K	ell.	ys:
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART I	ERMINAL			
19A. DATE OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION MED	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		( (e.g., in or about 21 C. WHERE DID reel, office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
Q 21 D. TIME (Month) (Dov) (Year) (H	lour) 21 E. INJURY OCCURRI	ED 21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)		While		
		Work L		60/60
22. I certify that (I) (this haspital) at	7/7/7/	1	. 19ta	129 68 19
that (I) (we) last saw the deceased a	live an	19ond t	hat in (my) (our) opi	inion death occurred an the de
and haur and from the causes stated	above. (1) (We) (did) (did-	met) view the bady after death.		/
23A. SIGNATURE	60 /// 11/1			23B, DATE SIGNED
/wallacho	y y un mo	Attending Med. Phys. Director	Staff Phys.	3/1/60
23C. PHYSICIAN'S NAME (Type)	DEGRI	23D. ADDRESS	TELLITZIA	
Dr. Walter Karfgin		OF CREMATORY 24D.	Rd. Balto	Md.
4A. BURIAL CREMATION. 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	of CREMATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
Burial 3/4/68	Loudon Park		Baltimore,	
	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
MAR 1 1968 Of Color	E, tasbeuna	Leonard J.	Ruck Inc.	5305 Harford F
'S 150-REV. 1/1/68		,		



FUNERAL DIRECTOR: IMPORTANT

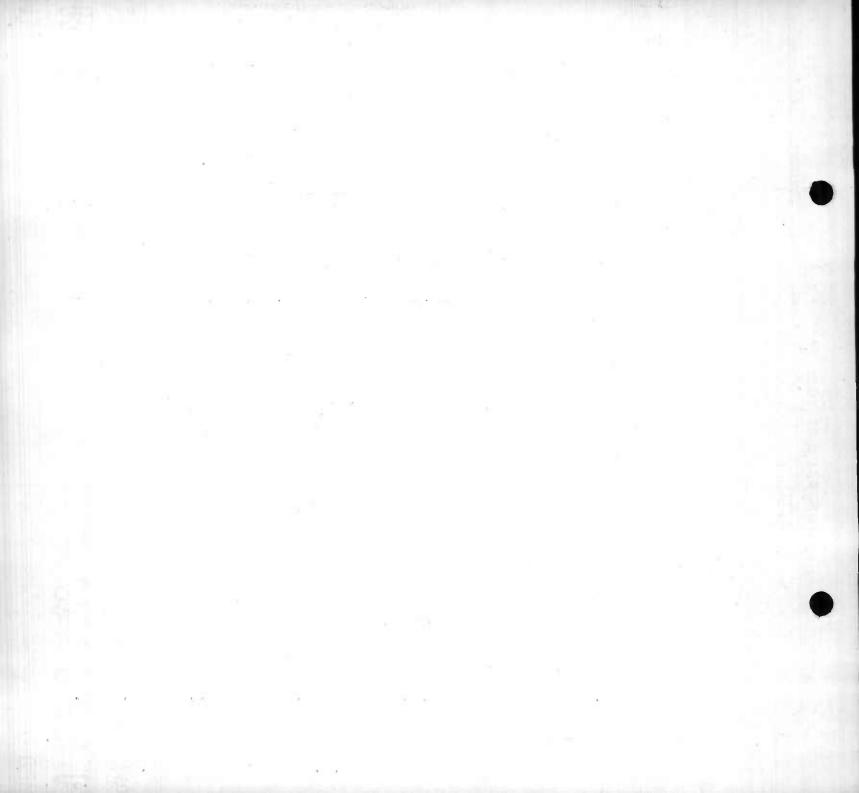
1	0 1119		HEALTH DEPARTMENT		68- 240	5
RIP	5-465 68-2	105 CERTIFICA	TE OF DEATH	REG. NO	00 20	_
1. N	JAME OF DECEASED EDWARD	(8) BALLI	ARD 2. DATE A	10 HOUR OF DEATH	415	~ M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Who	ere descosed lived. If inst	itution: residence before	ddmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	c. CITY OR TOWN		E CITY LIMITS?	-00
1	ond, GENERAL	. HOSP-	E. STREET AND NUMBER	,	YES NO 🗌	
1	8 4 6,00		249 C	Rodgers	Forge K	ed,
S. S	M WIDON		6/06/9/	76	If Under VYr. If Und Months Doys Hours	er 24 Hrs. Min.
	N. USUAL OCCUPATION (Give kind of work 108, KIN) te during most of working life, even if selired  AN	0	BAL N	· Md.	12. CITIZEN OF WHAT	COUNTRY?
13.	FATHER'S NAME  J. EDWARD B	ALLARD 1	OUISE DORA	IAN		-4
15. (Y o	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 216-03-6137	FLORENCE	BALLARI	- wife fa	me
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	Ivreveri &	le shock	APPROXIMATE I	
	(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony. girise to the above cause (A) stoting UNDERLYING CONDITION lost.	ose, Ve (B)	A CONSEQUENCE OF:	anlythe		8 km.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINOLSEASE OR CONDITION GIVEN IN PART 1 (A).		ł-			
ERTIFIC	19A: DATE OF OPERATION 198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Ves or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)	
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID IN	JURY OCCUR?		
	22. I certify that (I) (this haspital) attend that (I) (we) lost saw the deceased alive	2/20	2/2 / 19 6 8 ond t	1968 ta hot in (my) (our) opini	on death occurred or	the dote
	and hour and fram the couses stated obov	e. (1) (We) (did) (did not)				
	23A. SIGNATURE a N mair	OEGREE Phy	ending Med.	Shaff Phys.	23 B. DATE SIGNED	58
	23C. PHYSICIAN'S NAME (Type) A. N. MAV		23D. ADDRESS	iEN. Ho	TP -	
24/	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR			, town, or county)	(Stote)
25/	Burial 3/2/68 A. DATE REC'D BY HEALTH DEPT. 258 NA	Woodlawn ME OF REGISTRAR		oodlawn, Balt & E Sons Co.		Md.
	MAR 1 1968 UGGERUS	., ((0.00)	ii. w. Jeniach	Balto.,	Md. 21212	



VS 150-REV. 1/1/68

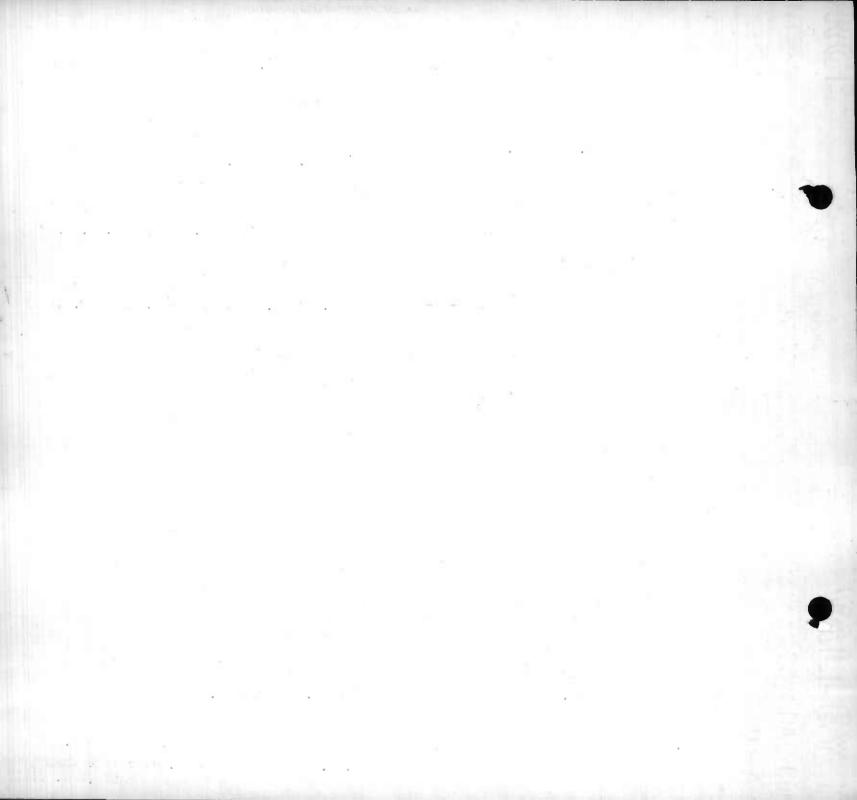
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BALTIMORE CITY HEALTH DEPARTMENT



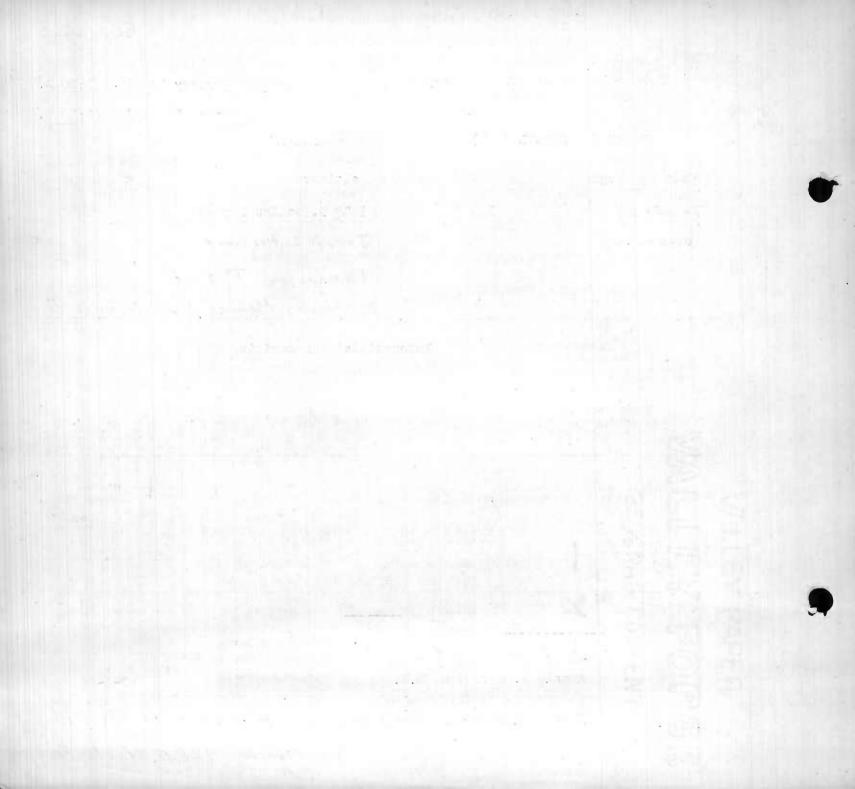
VS 150-REV. 1/1/6B

B=51	2	69	2407 CERTIFICA	HEALTH DEPARTMENT	REG. NO.	68-2407
BIRTH NO.		00 /	CERTIFICA			
Type or Print)	EASED		10' - 7		ND HOUR OF DEATH	7:3-4
			Alice Bumpass		29, 1968	1.30A
B. PLACE IN BALT	IMORE, MAR	YLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. I( i NTY	institution: residence before odmission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT ADDRES	IN HOSPITAL OR S OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITED 3
	444 =	2741. 04		E. STREET AND NUMBER		YES X NO
00	714 E.	37th St		714 E. 37th	St.	
SEX	6. RACE	7- M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
F		W WID	OWED DIVORCED	7/3/1889	78	
			IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Cor	eign country)	12. CITIZEN OF WHAT COUNTR
	ewife	on if retired)	Home	Hickory Fla		u. s. A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	
Alfred	l Smith					
. Was Deceased	Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown)	(If yes, give	wor or dotes of s	SECURITY NO. 430-09-0715A	Mrs.Edna E. I	Miller, 718	E. 37th St. 21218
18. 44 2	/ 91		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEAS	E OR CONE	ITION DIRECTL	Y	2	2.0 - 0	BETWEEN ONSET AND DEATH
	LEADING TO	DEATH	(A)IMMEDIATE CAI	ISE CVV- HY	TRICASIL	341-
		made al dying	, e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
		. II means the d ch coused death				
1	NTECEDEN'	CAUSES		A75		
			(B)	A CONSEQUENCE OF:		
rise to the	above co	ONS, if any, ause (A) stolir	3	A CONSEQUENCE OF.		
UNDERLYING	CONDITIO	N last.	(C)			
		TIONS CONTRIB				
DISEASE OR C	ONDITION GI	VEN IN PART 1 (A)		120A ALLEOBRUD (V A	1-1 200 te vee turne	TINDINGS CONSIDERS
19A. DATE OF	OPERATION	WAS PERFORMI	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	TING CAU	SE OF	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, o etc.)	in or obout 21C. WHERE DID (fice bldg., INJURY OCCUR?	(It in Boltime	are City, give exoct location
21 D. TIME OF INJURY	(Month) (D	oy) (Yeor) (Ho	21E. INJURY OCCURRED While At Not Whi	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			Work At Work		, ,	
22. I certify	that (1) (this	hospital) atte	nded the deceased from	F-28 15	1964 to 1	-05- NY 1968
that (I) (we)	Tast saw th	e deceased ali	ve an Fal v3	19.68 and t	hat in (my) (sur) op	inian death accurred on the da
and haur and	fram the co	ouses stated at	pave. (1) ( <del>We)</del> (did) ( <del>did not</del> )	view the bady after death.		
23A. SIGNATU	RE A					23B. DATE SIGNED
	10	sougeto.	DEGREE AMPHY	ending Med. Director	Staff Phys.	Tern9,1968
23 C. PHYSICIA NAME (T		r. Sol	Tanenbaum	1250 E. North	Ave.	
4A. BURIAL CREA		DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
REMOVAL (S		11116	0			Auh
Kem. Buria	BY HEALTH	0 /4 /68 DEPT.    258.	Greenwood Cemeto	25C. FUNERAL DIRECTO	Hot Springs,	ADDRESS
MAR 1	1968	20.82	Farleyma	H. W. Jenkins	& Sons Co.	4905 York Road
WITH A	1000	POCHEN -	42000			Balto M d. 2121



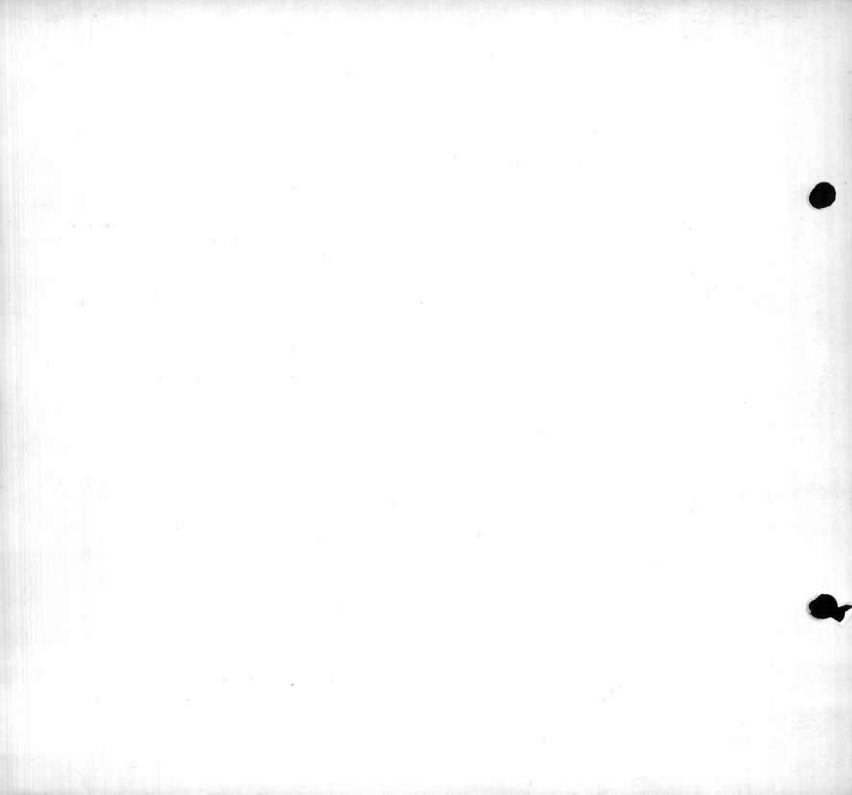
4-400	BIRTH NO. 67-13975	M
	1 NAME OF DECEASED	_

BIRTH NO. 67-13975 MEDICAL EXA	MINER'S C	CERTIFICATE OF DEATH REG. NO.	00 2400
. NAME OF DECEASED		2. DATE Known Month Day	Year Hayr
Type or Print) WAYNE J. Holliway	HOLLOWAY .	OF The land of the	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	,	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,		DRONOUNICED DEAD	
HOSPITAL ADDRESS OR LOCATION)	OTT E STREET	February 29, 1	1111
HOPKINS HOSPITAL (DOA)	- 111111	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY	residence belore admission)
HOIKING HOSTITAL (DOA)		Maryland	-01
S. SEX 7. RACE B. MARRIED N	EVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	(-UMITS?
Male Negro WIDOWED	DIVORCED	Baltimore YES	NO D
DATE OF BIRTH 10. AGE (In years   If Under	1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
7-20-67 lost birthdoy) Months	Doys Hours Min.	1829 N. Dallas Street	
1). BIRTHPLACE(Stote or foreign country) 12. CITIZ	ENIOE	13. FATHER'S NAME	
34/14	T COUNTRY?		
I. JUKATAND		Joseph L. Hollimey	
4A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUS	INESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
		Thomasine Pethel	
	SOCIAL	18. INFORMANT ADI	DRESS
Yes, no or unknown) (Il yes, give war or dotes of service)	SECURITY NO.	Miss Shirley Manuel 1829.	N. Vallas St.
19. //	CAUSE OF DEA		APPROXIMATE INTERVAL
7571			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Inters	titial Pneumonitis	
LEADING TO DEATH	(A) IMMEDIATE C		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR A	AS A CONSEQUENCE OF:	
Injury or complication which caused death.)			
ANTECEDENT CAUSES	(n)		
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
Z ONOEACTINO CONDITION EXSI.	(C)		
F 5 × 5 / "			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		#4404444444444444444444444444444444444	~~~~~
20A. DATE OF OPERATION 20B. CONDITION FOR WHI	ICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
0			Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE	CE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exact	location)
S ottober Edition	m, foctory, street, office	e bldg., etc.) INJURY OCCUR?	
☐ UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.II	NJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY		WHILE C	
(APPROX.) m. WOR		ORK	
23.		. 🔽	
	spectionAu		
resulted fram: Natural causes X Accid	dent Suicid	le Undetermined manner	
0 12.11	, ,	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL (wold 11 Church	b lumin	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornb	1 sam M D	ASSOCIATE MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornb	rum, M.D.	ASSOCIATE MEDICAL EXAMINER	3-1-68
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)	t-Calvery	2 1	
25A. DATE RECO. BY HEALTH DEPT. 25B. NAME OF			DRESS
1300 Olobert E.	tal levels	WM. MARCH 928E.	North Hre,
	,		



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VS 150-REV. 1/1/68



VS 150-REV. 1/1768

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10-120		HEALTH DEPARTMENT		CO 2411
BIRTH NO. 68- 2	411 CERTIFICA	TE OF DEATH	REG. NO	68- 2411
T, NAME OF DECEASED (Type or Print)	Nova.K.	2-	28-68	9:058.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Marylo	Nd	Clty LIMITS?
INSTITUTION		Baltimor E. STREET AND NUMBER	_	VES NO .
South Battimore Go		1621 C	herry	St.
///	NEVER MARRIES DIVORCED		ast birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
IOA, USUAL OCCUPATION (Give kind of wark 108, KINI			an country)	12, CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)  Therefore of the transfer	IVEP	Balto.	md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	(E /	
Michael Novak		Jese phine		
S. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO -	218-05-4191	FAMILY		Sime
18.	CAUSE OF DEAT	m cerebral vase	ulso occiden	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) IMMEDIATE CAL	Dartenoschia	fic Cardiove	would gra
(This does not mean the mode of dying, heart foilure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF: MO	hed.	0
injury or complication which caused death.)		(11111)		
ANTECEDENT CAUSES	(R)			
DISEASES OR CONDITIONS, if ony, gi	· · · · · ·	A CONSEQUENCE OF:		
rise to the above couse (A) stoting UNDERLYING CONDITION lost.	(C)			
2 2 / \	(~/		W =	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG O	+		4
TO THE DEATH BUT NOT RELATED TO THE TERMIN	VAL JOU	<b>1</b>		
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.)	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., hame, form, factory, street, a	n or obour 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimare	City, give exact lacation)
21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not Whi		JRY OCCUR?	
	Work L At Wark		60	7 20 10
22. I certify that (this hospital) attend	2 40	10	968 10 9	7-28 1968
that ** (we) lost saw the deceased alive			ot in (anya) (aur) apini	on death occurred an the da
and hour and fram the couses stated obov	e. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	^			38, DATE SIGNED
William & Ma	rek MDEGREE Phy	ending Med. Director	Staff Phys.	2-29-68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		2
William II.	Marek	12/3 Lic	sht St	_
24A. BURIAL CREMATION, 24B. DATE 24	DEGREE			
BEALONAL (C. 11)	C. NAME of CEMETERY OF CR	EMATORY 24D,	CATION (City,	town, or county) (State)
REMOVAL (Specify)	1		CATION (City,	
REMOVAL (Specify)  Busial  254 DATE REC'D BY HEASTH DEPT 2584NAI	ST. STANSLAUS	Cemetery BA	LTIMORE, B	pary Lond
REMOVAL (Specify)  Busil  3-4-68  254 DATE REC'D BY HEADTH DEPT 2554 NAI	ST. STANSLOUS	Cemetery BA		pary Lond

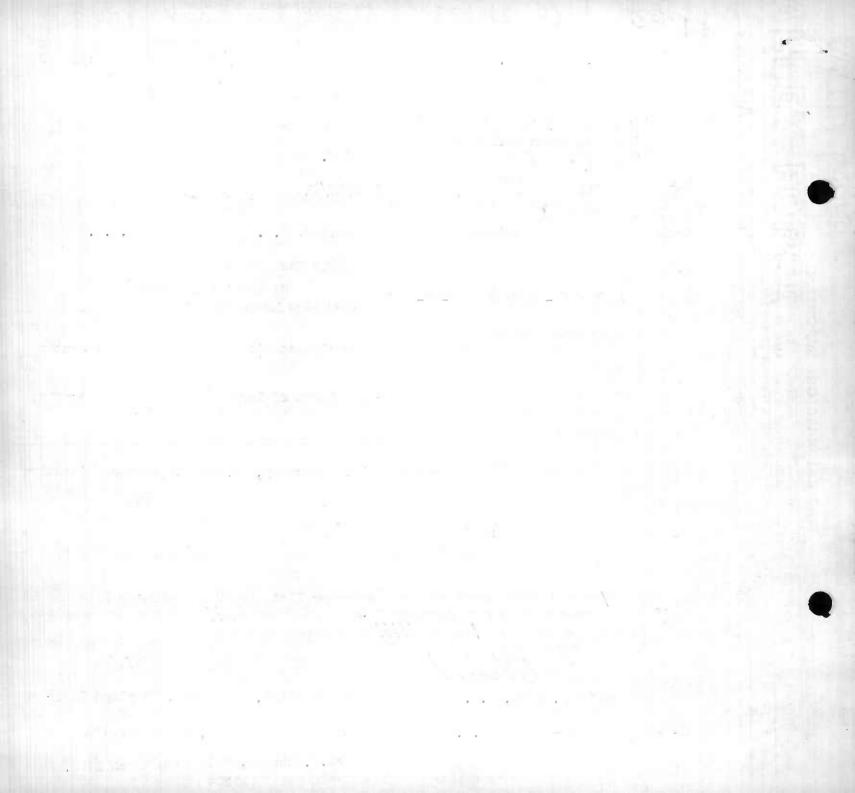
South In Elimente Leaneport Hay 1821 18 - 1 M where 1-2-06 62 Driet Rilto Mi 2-28 68 25111:20 1 March 1213 Kalle St.

OF-	0	BALTIMORE CITY	HEALTH DEPARTMENT	100	00 0440
19-50	68 2	412 CERTIFICA	TE OF DEATH	REG. NO.	68- 2412
1. NAME OF DEC	CEASED BONA JOS	SH SEPH	2. DATE / 2	AND HOUR OF DEATH	2/29/68
3. PLACE IN BA	LTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, if i	nstitution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPITAL OR IN	NSTITUTION, GIVE STREET	MARYLAND	BALTIMORE	33.00
HOSPITAL OR	ADDRESS OR LOCATION)	i n	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
Salte	none lity Ho	spitals	Edgemere E. STREET AND NUMBER		YES NO X
4940 Eas	tern Avenue Balti	more, Md. 21224		ROAD - 21219	
5. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White wipo	WED DIVORCED	3/25/94	73	Atomis Doys Hoors
	UPATION (Give kind of wark 108, KIN working life, even il retired)	D OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY
Mainten		em Steel Co.	ITALY		U. S. A
13. FATHER'S NA	DOMINIC	BONA	14. MOTHER'S MAIDEN N ANN ?	AME	
15. Was Decease	d Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT RECOR	DS: Baltimo	re Cityon Spitals
Yes	(If yes, give wor ar dates of serv	212-12-4882	4940 Eastern		imore, Md. 21224
OTHER SIGNITO THE DEAD TO THE	LEADING TO DEATH  nal mean the made of dying, asthenia, etc. II means the disk implication which caused death.)  ANTECEDENT CAUSES  OR CONDITIONS, if any, go the abave cause (A) stating G CONDITION last.  II FICANT CONDITIONS CONTRIBUTIONS TO THE TERMI CONDITION GIVEN IN PART 1 (A). F OPERATION 1988. CONDITION WAS PERFORMED  ENT WAS UNDERLYING UTING CAUSE OF y medicol examiner)	(B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  L March,  Particle,  20A. AUTOPSY? (Yes or  YES  n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
(APPROX.)		While At Work At Work			
that (II) we ond haur an 23A. SIGNATI ZOC. PHYSICI. NAME (ZAC.) 24A. BURIAL CRI REMOVAL	Chary Grossm.  ANY GROSSM.  ARY GROSSM.  ARY GROSSM.  (Specify) 24B. DATE (Specify)	on 229 ve (I) (We) (did) (did not) v  And Daegree Phys	and lew the body after death of the body after death o	Shoff Phys. Avenue	inlan death accurred on the date  238. DATE SIGNID  2129/68  Paltimore, Ma.  21224  ity, town, or county) (State)
Burial	3/4/68 BY HEALTH DEPT. 258. NA	Baltimore Nation ME OF REGISTRAR	25C. FUNERAL DIRECT	O R	More, Maryland
WE 150 BEY 10	10000	taskeyma	JOHN J. Dug	a, 1744 Wise	Ave. Dundalk, Md.
VS 150-REV. 1/1/	00				

ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Werner U. Spita M.D. NAME (Type) 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 3/2/68 St. Michael's Cemetery Baltimore, Maryland Burial **ADDRESS** 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR John J. Duda, 2829 Hudson St. Balto. Md. VS 151-REV, 1/1/68

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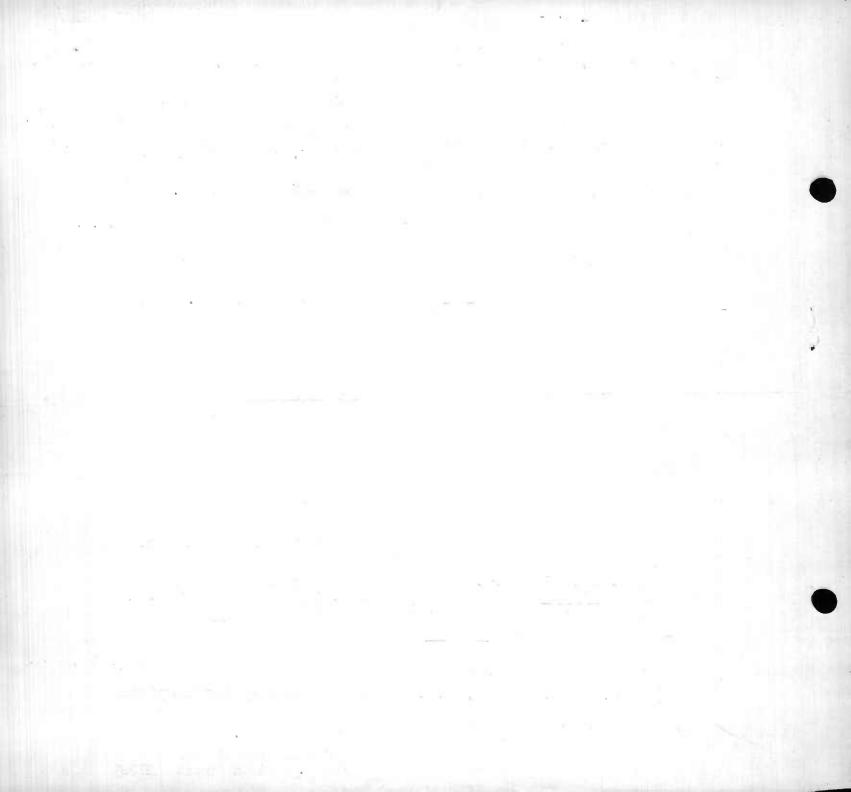
1/	> 00	241	A BALTIMORE CITY	HEALTH DEPARTM	ENT	
K- 53	0 68	5- 241	CERTIFICA	TE OF DEA	TH REG. NO	68-2414
BIRTH NO.	CEASED				ATE AND HOUR OF DEATH	H
Type or Print)	KNOTT, WILLA	RD D.			2/29/68	5:30 P
B. PLACE IN BA	LTIMORE MARYLAND,		DUNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If	institution: residence before admission
					COUNTY	7
OSPITAL OR	ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	Delaware		SIDE CITY LIMITS?
V	eterans Admin	istrati	on Hospital	Newport	0. 114	YES NO
	900 Loch Rave		_	E. STREET AND NU	MBER	1.50
	altimore, Mar		21218	7 W. Marke	et Place	
SEX	6. RACE	-	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
Male	White	WIDOWE		6/17/21	lost buthday)	Months Doys Hours Min.
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign cauntry)	12. CITIZEN OF WHAT COUNTR
	f working life, even if retired)			0 0 1 1		
COOK FATHER'S N	A A A F	Restur	ant	Oxford, N.	EN NAME	U.S.A.
Arthur				Ellie Mae	Currin	
es, no or unknow	d Ever in U. S. Armed Forn) (If yes, give war or da	orces? tes of service)	SECURITY NO.	17. INFORMANT	A Hospital Reco	ADDRESS
Yes	11/18/45 -	3/5/47	237-22-7323		Raven Boulevard	
1B. //	9.71		CAUSE OF DEAT		Tavor Dours	APPROXIMATE INTERVAL
DISEA	ASE OF CONDITION D	DIRECTLY				BETWEEN ONSET AND DEAT
1941	LEADING TO DEATH	1	(A) IMMEDIATE CAL	SECarcinomat	osis	4 months
	nat meen the made a , asthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:	••••••••••	
	mplication which cause		*			
	ANTECEDENT CAUSE	5	Adeno	Carcinoma o	f lung	14 months
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	Carchnoma o	:	
rise to t	he above cause (A)					
UNDEKLTIN	IG CONDITION Iosi.		(C)	•••••		
163	× II					
TO THE DEA	IFICANT CONDITIONS COATH BUT NOT RELATED TO	THE TERMINAL	Tuberculos	is, pulmona	ry, moderately	advanced inactive
	CONDITION GIVEN IN PA		WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 20B. IF YES. WER	E FINDINGS CONSIDERED
19A. DATE C	WAS PE	RFORMED		Yes	IN CERTIFYING C	AUTS OF DEATH?
21 A. ACCID	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE	DID (If In Boltim	ore City, give exact location)
OR CONTRI	BUTING CAUSE OF	ho	me, farm, foctory, street, of	ffice bldg., INJURY OC	CUR?	
21D. TIME	(Month) (Doy) (Yeor		E. INJURY OCCURRED	215 400	OID INJURY OCCUR?	
OF INJURY	(Avionin) (Doy) (Teor		hile At Not Whil		SID INJURT OCCUR:	
(APPROX.)		W	ork At Work			
22. I certif	y that () (this haspite	al) attended	the deceased fram N	lovember 21s	t 19 67 to Fel	ruary 29th 19 68
						plnion deoth accurred on the do
			( (We) (did) (light)			
23A. SIGNAT		J. Bu Obuve.	(dia) (halipi)	new the body utter	4601114	23B, DATE SIGNED
	1	al	1 Atte	ending Med.	Staff T	3/1/68
226 811111	W.	The	GEGREE Phy	s. Directo	r Stoff Phys.	3/1/00
23C.PHYSICI NAME	(Type)			23D. ADDRESS	. 7 . D. 7	36
	YOUNG E. 6	CHUN, M.	D. GEGREE	VA Hospit		Maryland 21218
AA. BURIAL CE	REMATION, 248. DATE		NAME of CEMETERY of CRI	EMATORY	24D. LOCATION	City, town, or county) (State)
BORYA	3-5-6	8 1	J.S. National (	Cemetery	Raleigh, Nor	th Carolina
A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI	IRECTOR	ADDRESS
MAD	4 1968 O.D.	188.	Farber Mile	Wm.E.Joh	nson, 8521 Loci	n Raven Blvd. 2
S 150-REV. 1/1	/68	all Ci			21204	
# 100 HE TO 1/1						



VS 150-REV, 1/1/6B

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5-	215	6	-210 - 68- 2417 CERTIFICA	ATE OF DEATH REG. NO.	68- 2417
	at at the control of	1, N	H NO.  AME OF DECEASED (Anastazya Skopinski)  e or Print)	2. DATE AND HOUR OF DEATH	
	E 0 0 0 .		SKOPP, Augusta K.	Feb. 29, 1968  4. USUAL RESIDENCE (Where deceosed lived, If insti-	4:30 a. M. dution: residence befare admission)
	da Ga	FU HC	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Maryland Baltimor	CE CITY LIMITS?
	cause cause atten	13	3 The Johns Hopkins Hospital	Baltimore E. STREET AND NUMBER 2327 E. Madison St.	2 No -
		5. S		8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	00-0-4	HOA	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
	or nd de de		Char Woman Enoch Pratt Library	Poland	U.S.A.
	if d was the spos	13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
=	+ .= 11		Henry Kanicka	Antoinette	12225
MPORTAN	kind deat deat inal	(Yes	Nos Oeceased Ever in U. S. Armed Forces?  In a or unknown) (If yes, give wor ar dates of service)  No. 219-10-3345	Margaret Vacek, dght., abo	ADDRESS DVC
OR	ass if if i	1	18. 4/2.9   CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A	his no d		DISEASE OF CONDITION DIRECTLY	ACID	
	Alsononononononononononononononononononon		(This does not mean the mode of dying, egg, heart laiture, asthenia, etc. It means the disease	ause ASHD s a consequence of:	
OR:	niner. actu pro ular mba		injury or complication which caused death.		
270	A fr vho regu	-		Fx Odentoid	50 hrs.
DIRECTOR	al ex (3) an v in	1	rise to the obove cause (A) stating to the UNDERLYING CONDITION last.		
	dical lical rrns; rsicio was mair	NO	# 20.0 II		
UNERAL	med bu phy an	A	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINOUT  DISEASE OR CONDITION GIVEN IN PART 1 (A).		
Z	chie y a Body the ysici	TIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
5	for pho	CE	OR CONTRIBUTINGY CAUSE OF home, form, foctory, street,		City, give exoct location)
	トロテュニュー	CAL	DEATH (notify medical exominer) etc.) Home	2327 E. Madison St	
	osp atur pt w (6)	MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At At Wo.	21F. HOW DID INJURY OCCUR?	
	proved the ho ny nat except and (6	5	Feb. 26, 1968 4p, mr At Woo	TOTT GO HOME	20 1060
	0 0 0	水	22. I certify that (1) (this hospital) attended the deceosed from that (1) (we) last sow the deceosed alive an Feb. 29	19 68 and that in (my) (aur) opinion	
	leased to ident of a hospital ( o death);	AFF	and haur and fram the causes stated above. (1) (We) (did) (did nat)		
	eleasecccident a hospito dea al must	5	23A. SGNATURE		3B. DATE SIGNED
	a ho to			thending Med. Shaff Phys. XX	Feb. 29, 1968
	certificate m body was rel vs. (1) An acc D.O.A. at a l assed prior to	lse(	23C. PHYSICIAN'S NAME (Type)  James L. Hughes, M.D.  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  PEGREE PHYSICIAN'S  AMD DEGREE PHYSICIAN'S  DEGREE PHYSICIAN'S  AMD DEGREE	The Johns Hopkins Hospi	tal
	dy w (3) / O.A.	0º4A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City,	town, or county) (Stote)
	Cer Vs: D. D.	o I	Burial 3/4/68 Holy Rosary C		ADDRESS
	This cert the body shows: (1 was D.O decease written	254	AR 4 1968 Republic 258, NAME OF REGISTRAR	Schimunek Funeral Home 2601 E. Madison Street	21.205
		VS.	150-REV. 1/1/68	FOOT De MANTSON STEER	Z.1.Z.0.3



J-525	BALTIMORE CITY	HEALTH DEPARTMENT	68- 2418
7.040 68- 24	18 CERTIFICA	TE OF DEATH REG. NO.	30 7120
BIRIH NO.	TO CERTIFICA		
1, NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	
JENKINS, WILLIAM	H.	FEBUARY 27,	1968 10:00 P/ M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE  B. COUNTY	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPITAL	A L	MARYLAND c. city or rown BALT I MORE 21229	DECIDALIMITS? YES NO
WILKENS & CATON A BALTIMORE, MD. 21		3504 OLD FREDERICK	RD.
	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MARKIED MARKIED		lost birthdoy)	Months Doys Hours Min.
		12-07-02 65	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CONTRACTOR (RETIRED)		V IRG IN IA	U.S.A.
TO PAINER S HAME		13. MOTHER 3 MAIDEN NAME	
EDWARD JENKINS		FLORENCE (TAYLOR)	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	ST ACHES DECORDS WILL	VENCCCATON AVEC
No	213108532	ST.AGNES RECORDS-WIL	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc., II means the disease injury ar camplication which caused deeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(A) IMMEDIATE CAU DUE TO, OR AS	11000000	D IV
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	YES 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CAN	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in me, farm, factory, street, of c.)	n or about 21 C. WHERE DID (If In Boltimor fice bldg., INJURY OCCUR?	e City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹ (APPROV)	hile At Not While		
W	ork At Work		
22. I certify that X) (this hospital) attended			
that 💢 (we) last saw the deceased alive an		19 68 and that in XvV) (aur) api	nion death occurred on the dote
and hour and from the causes stated above.	(Me) (did) (ชีเชิ ሕል) v	lew the body ofter deoth.	
23A. SIGNATURE			23B. DATE SIGNED
Palueso	Phys	nding Med. Staff Phys.	258/68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS ST AGNES HOSP	WILKENS & CATON
FEDERICO POllice	NI DEGREE	BALTO MD 21229	
24A. BURIAL CREMATION, 24B. DATE 24C.N. REMOVAL ISpecify)	NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (Ci	ty, town, or county) (State)
Burial March 1, 1968	Meadowridge Ce	m. Balto. Md.	ADDRESS
44 A D A A A A D O O O O O O O O O O O O O	Liber Mill	G. Truman Schwab 3512 Fre	
	- 04		

Mineral and the Artist of the Control of the Contro a the first Re LA MERKE TER 12-07-02 THE ATT REPORTS OF A STATE OF THE 

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

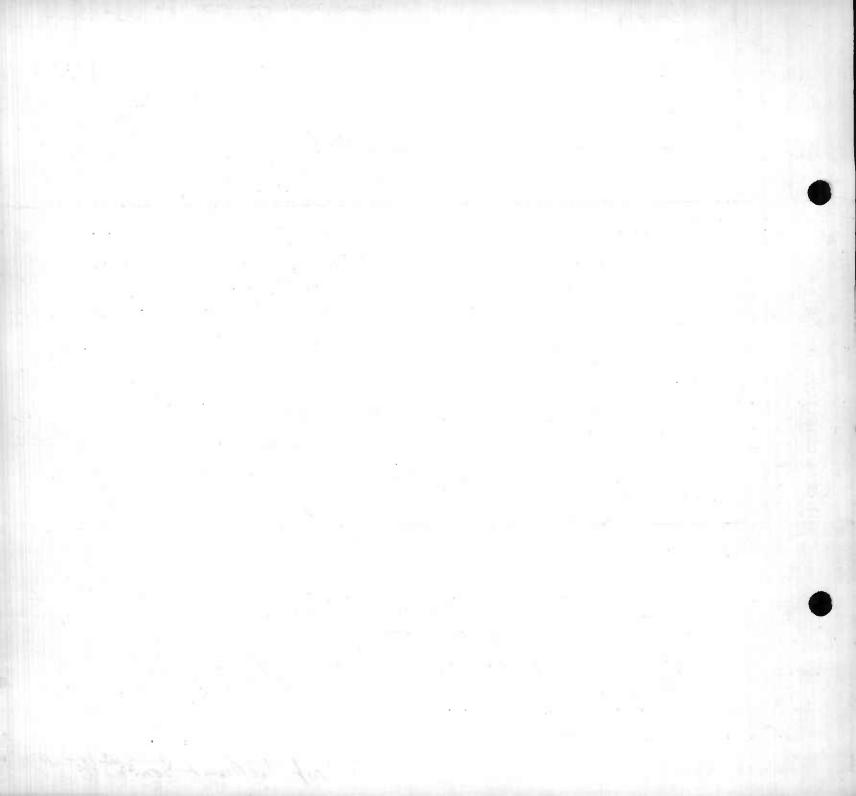
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

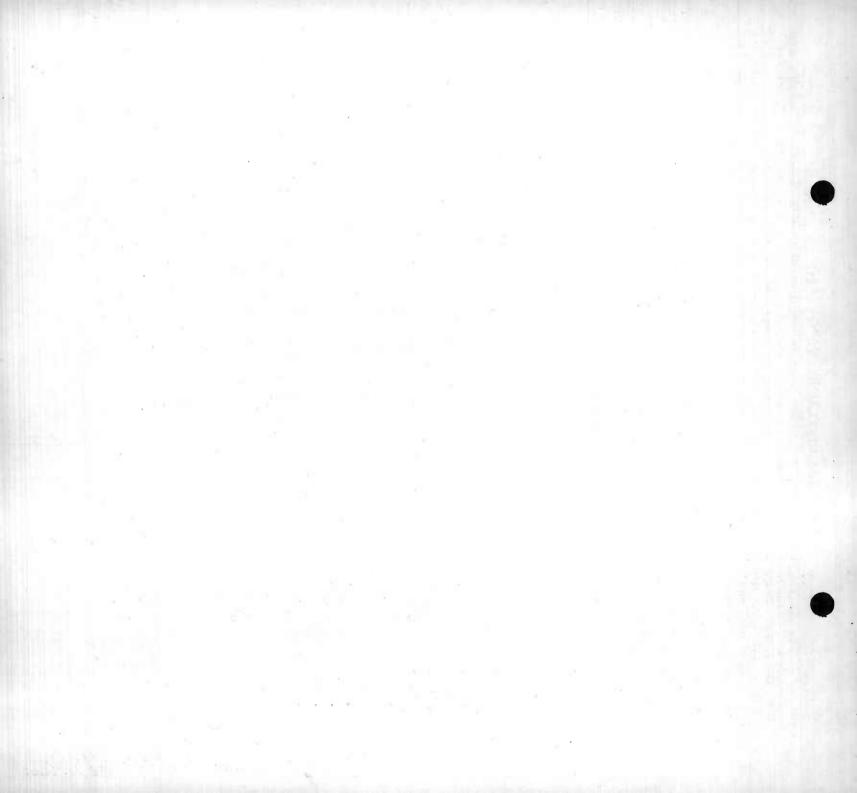
The state Square Stay and Surveyor X 5/13/18 3 St. Hom wilte Hayland Rethad Samuel SKipper Mary 2/4-016-168 LATEST BYEST Frombapaeumora a Colon Cancel The 28 Est continued X march 14 64 1 march 17 Mak Josep Sus Franklin Square Hisparia The National States of the Sta

FUNERAL DIRECTOR: IMPORTANT

2-370 68-24	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2420
HIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 10 200
NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH	
ype of Print) Teresa Pitts		Fohm	ery 26, 196	8   5.00 2
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e daceased lived. If i	nstitution: residence before admission
		A. STATE B. COUN		
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET		aryland	11/10/
STITUTION		C. CITY OR TOWN	D. INS	
10		Baltimore		YES NO
Bolton Hill Nursing & Conv	valescent Center	E. STREET AND NUMBER		
		1803 Eutaw		
SEX 6. RACE 7. MARR	IED NEVER MARRIED		9. AGE (In years lost birthday)	Months: Days Hours Min.
Female White WIDOW	VED DIVORCED	6/1/83	8)1	
A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNT
ne during most of working life, even if retired)		Nr., 2000 7 A		** 0 4
Registered Nurse		Maryland		U.S.A
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AE	
Patrick Newman		Gibney,		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INFORMANT		ADDRESS .
es, no or unknown) III yes, give wor or dotes of service	SECURITY NO.	1400 Johns 8		
	220 3 0 7431A	Bolton Hill	Nurs. & Con	nv. Center
18.495 X	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH		150-1	40	- 12.
(This does not meen the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Millerno	nha lawy
hearl failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:		
injury or complication which coused death.)				
ANTECEDENT CAUSES	(4)			
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stating				
UNDERLYING CONDITION lost.	(C)			
791X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).		De Cereby Car	6. 0 .	+ South 7. 2. 1.
TO THE DEATH BUT NOT RELATED TO THE TERMIN   DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL COPPE	Co legação cour	regice poses	somethy The
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
WAS PERFORMED		NO	THE CERTIFIENCE	TOJES OF DEATH!
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i		(If in Boltimo	re City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of	fice bldg., INJURY OCCUR?		
21D.TIME (Month) (Doy) (Yeor) (Hourl	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While	e M		
	Work Al Work			
22. I certify that (I) (this hospital) attended	ed the deceased fram	WY 13	19.62 to F	Ch 26 1967
that (I) (we) last saw the deceased alive	on Feb 26	19 6 8 and th	at in (my) (aur) an	inian death accurred an the d
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
and haur and fram the causes stated above	e. (I) (ME) (did) (dident) v	iew the bady after death.		
23A. SIGNATURE	1.			23B, DATE SIGNED
fr. C. / fleveryast	M.O Atte	nding Med. Director	Staff Phys.	
22C PUNCICIANES	75 Phy			267261968
23C. PHYSICIAN'S		23D. ADDRESS		201261968
NAME (Type)		23D. ADDRESS	21 Pa 1	50 /26/463
			4. Paul	54. Belto2
NAME (Type)  A. C. Alevizatos  IA. BURIAL CREMATION, 24B. DATE 246	N. D.	1209 S	4- Paul	Soft Bulfa 2 Sity, town, or county) Istolel
NAME (Type)  A. C. Alevizatos  A. BURIAL CREMATION, 24B. DATE 240  REMOVAL (Specify)	M.D. OEGREE	23D. ADDRESS 1209 5  MATORY 24D. L		St. Bulto 2.
A. C. Alevizatos  A. Burial Cremation, 24B. Date REMOVAL (Specify)  Burial 3/2/68	M.D. OEGREE C. NAME of CEMETERY of CRI	23D. ADDRESS   209   5  EMATORY   24D. L. 2 tery   Ba	l timore, Mo	Sold Scolds 2
A. C. Alevizatos  4A. BURIAL CREMATION. 24B. DATE 246  Burial 3/2/68  SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	M.D. OEGREE  C. NAME of CEMETERY OF CRIT  Loudon Park Ceme  ME OF REGISTRAR	23D. ADDRESS 1209 5  MATORY 24D. L	l timore, Mo	SA. Bulto 2
A. C. Alevizatos  4A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) Burial  SA. DATE REC'D BY HEALTH DEPT.   125B. NAM	M.D. OEGREE C. NAME of CEMETERY of CRI	23D. ADDRESS   209   5  EMATORY   24D. L. 2 tery   Ba	l timore, Mo	Sold Scolly 2
A. C. Alevizatos  4A. BURIAL CREMATION. 24B. DATE 246  Burial 3/2/68  SA. DATE REC'D BY HEALTH DEPT. 25B. NAM	M.D. OEGREE  C. NAME of CEMETERY OF CRIT  Loudon Park Ceme  ME OF REGISTRAR	23D. ADDRESS   209   5  EMATORY   24D. L. 2 tery   Ba	l timore, Mo	S.J. Belto 2 City, town, or county) (State



VS 150-REV. 1/1/68



1	1/	BALTIMORE CITY	Y HEALTH DEPARTMENT SQ 2A22
	7-125 68-24	CERTIFICA	TE OF DEATH REG. NO. 68 2422
	TH NO.  IAME OF DECEASED		2. DATE AND HOUR OF DEATH
(Tyg	OBSON MINNIE EDITH		
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	FEBRUARY 26, 1968 6.05 A. M. 14. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FO	THAGUES HOSPILTACHTAL OR IN	STITUTION, GIVE STREET	MARYLAND 21116 Balts. C. 53-00
	HILLERUS AND REATON APPE		D. INSIDE CITY LIMITS?
R	ALTIMORE MARYLAND 212	229	OE LLA YES NO Y
4	10		763 OELLA AVENUE
5. S		IED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.
		VED DIVORCED	09/18/95 75
	LUSUAL OCCUPATION (Give kind of work 10B. KtN) e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
	HOUSENIFE		MARYLAND USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	SEORGE LOWMAN		(BABYLON) MARIE HOBSON
15. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor ar dotes af servi	ce) 1 6. SOCIAL	17. INFORMANT ADDRESS
	No	2 12262258	ST AGNES HOSPITAL WILKENS & CATON A
	1B. / / / / I	CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	
	(This does not mean the mode of dying,	e.g., (A)IMMEDIATE CAU	NOME BLADDER, KECURRENT / MO.
	heart foilure, asthenia, etc. Il means the dise		A CONSEQUENCE OF
	ANTECEDENT CAUSES		
		(B)	S A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if any, gi	the state of the	A CONTRACTOR OF THE PROPERTY O
	UNDERLYING CONDITION last.	(C)	
-	181.0 II	A.S.C.V.	D. = mild hypertension - yrs.
		//	in a higher tension
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG A	
CATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG B Thy	roid Nodule - yes.
TIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG A	
ERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1904. DATE OF OPERATION 1998. CONDITION F WAS PERFORMED 2/20/68 CA, BL	OR WHICH OPERATION TUR FOR ADDER	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 IAI.  1994. DATE OF OPERATION 198. CONDITION WAS PERFORMED  2/20/68 CA BL  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact location)
CAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  2/20/68  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	OR WHICH OPERATION  A DDER  21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID INJURY OCCUR?  (If In Baltimare City, give exact lacation)
ICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  2/20/68 CA BL  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manth) (Doy) (Year) (Haur)  OF INJURY	OR WHICH OPERATION  A DDE R  21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact lacation)  21F. HOW DID INJURY OCCUR?
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MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  2/20/68 CA BL  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manth) (Doy) (Year) (Haur)  OF INJURY	OR WHICH OPERATION  FOR  ADDER  1218. PLACE OF INJURY (e.g., i form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in or about 21C. WHERE DID (If In Baltimare City, give exact lacation)  21F. HOW DID INJURY OCCUR?
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 [A].  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  2/20/68 CA BL  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (We) last sow the deceosed olive	OR WHICH OPERATION  A DDE R  218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  Not While At Work  ed the deceosed from FEB  on FEB 26	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  BRUARY 6, 19 68 to FEBRUARY 26 1968  19 68 ond that In(my) (OUE) opinion death occurred on the date
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (we) last sow the deceosed olive and hour and from the couses stated above	OR WHICH OPERATION  A DDE R  218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  Not While At Work  ed the deceosed from FEB  on FEB 26	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in or about 21C, WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  BRUARY 6, 19 68 to FEBRUARY 26 1968  19 68 ond that In(my) (our) opinion death occurred on the dat view the body after death.
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 [A].  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  2/20/68 CA BL  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (We) last sow the deceosed olive	OR WHICH OPERATION  TUR FOR  ADDER  218. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from FEE  on FEB 26  e. (I) (We) (did) (did not) v	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in or about 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. DATE SIGNED
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 IAI.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (We) last sow the deceosed olive ond hour and from the couses stated above 23A. SIGNATURE	OR WHICH OPERATION  TUR FOR  ADDER  218. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from FEE  on FEB 26  e. (I) (We) (did) (did not) v	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact lacation)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  BRUARY 6, 19 68 to FEBRUARY 26 1968  19 68 ond that In(my) (our) opinion death occurred on the dat view the body after death.  22B. DATE SIGNED
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 IAI.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (We) last sow the deceosed olive ond hour and from the couses stated above 23A. SIGNATURE	OR WHICH OPERATION  ADDER  21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While work  Work  At WOR	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in or about 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. DATE SIGNED
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (we) last sow the deceosed olive ond hour and from the couses stated above 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)	OR WHICH OPERATION  THE FOR  ADDER  21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from F.E. B.  on F.E. B. 2.6  e. (1) (We) (did) (did not) v  OEGREE Phy	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in or about 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23F. DATE SIGNED  23D. ADDRESS
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 IAN.  19A. DATE OF OPERATION 19B. CONDITION.  19A. DATE OF OPERATION 19B. CONDITION.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21A. THE CONTRIBUTION (Doy) (Year) (Haur) (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (We) last sow the deceosed olive ond hour and from the couses stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  WILLIAM E. SIGNOR, AS BURIAL CREMATION, 124B. DATE	OR WHICH OPERATION  FOR  ADDER  218. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from F.E.  on FEB 26  e. (I) (We) (did) (did not) v  OEGREE Phy	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact lacation)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  BRUARY 6, 19 68 to FEBRUARY 26 1968  19 68 ond that In (my) (out) opinion death occurred on the dat view the body after death.  22B. DATE SIGNED  2/26/68
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 IAI.  199A. DATE OF OPERATION 199B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (we) last sow the deceosed olive ond hour and from the couses stated obove 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  WILLIAM E. SIGNOR, AREMOVAL (Specify)  24B. DATE	OR WHICH OPERATION  FOR  ADDER  218. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceosed from F.E. Con FEB 26  e. (I) (We) (did) (did not) v  OEGREE Phy	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 68 to FEBRUARY 26 1968  19 68 ond that In(my) (out) opinion death occurred on the dat view the body after death.  23B. DATE SIGNED  23D. ADDRESS  ST AGNES HOSPITAL WILKENS & CATON AVE  24D. LOCATION (City, town, or county) (State)
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I IAN.  19A. DATE OF OPERATION 19B. CONDITION.  19A. DATE OF OPERATION 19B. CONDITION.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (We) last sow the deceosed olive ond hour and from the couses stated above 23A. SIGNATURE  23C. PHYSICAN'S NAME (Type)  WILLIAM E. SIGNOR, A. BURIAL CREMATION, 24B. DATE  24B. BURIAL CREMATION, 24B. DATE  24B. BURIAL CREMATION, 24B. DATE  24C. PHYSICAN'S NAME (Type)  WILLIAM E. SIGNOR, A. BURIAL CREMATION, 24B. DATE  24C. PHYSICAN'S NAME (Type)  WILLIAM E. SIGNOR, A. BURIAL CREMATION, 24B. DATE	OR WHICH OPERATION  ADDER  21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  Mork At Work  ed the deceosed from FEB  6. (I) (We) (did) (did not) v  OEGREE  AHOP  OEGREE  C. NAME of CEMETERY of CRI  GOOD She Ph	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact lacation)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  18
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I IAN.  19A. DATE OF OPERATION 19B. CONDITION.  19A. DATE OF OPERATION 19B. CONDITION.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) attend that (I) (We) last sow the deceosed olive ond hour and from the couses stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  WILLIAM E. SIGNOR, A. BURIAL CREMATION, 24B. DATE  24B. BURIAL CREMATION, 24B. DATE  24B. BURIAL CREMATION, 24B. DATE	OR WHICH OPERATION  ADDER  21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)  21E. INJURY OCCURRED  While At Not While Work  Mork At Work  ed the deceosed from FEB  6. (I) (We) (did) (did not) v  OEGREE  AHOP  OEGREE  C. NAME of CEMETERY of CRI  GOOD She Ph	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in ar about 21C. WHERE DID (If In Baltimare City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 68 to FEBRUARY 26 1968  19 68 ond that In(my) (out) opinion death occurred on the dat view the body after death.  23B. DATE SIGNED  23D. ADDRESS  ST AGNES HOSPITAL WILKENS & CATON AVE  24D. LOCATION (City, town, or county) (State)

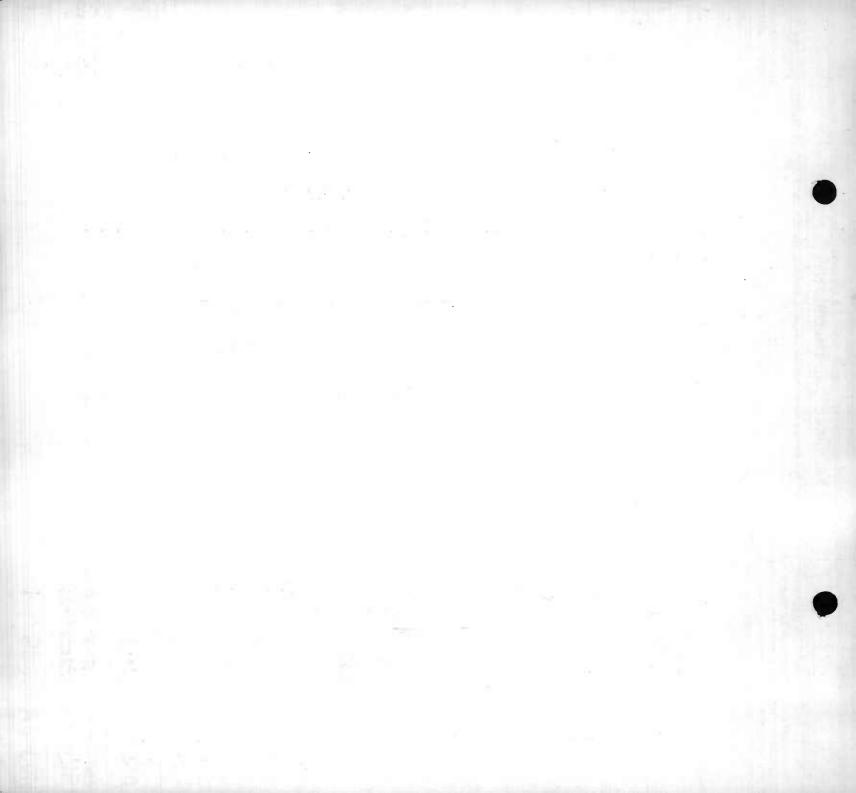
 FUNERAL DIRECTOR: IMPORTANT

4,21		HEALTH DEPARTMENT	. 1	68- 2423
1-656 68-2	423 CERTIFICA	TE OF DEATH	REG. NO	
BIRTH NO.			HOUR OF DEATH	
Type or Print)	o FREDERIC		5-68	10:15A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P				nstitution: residence before odmission)
S. FLACE IN BALIIMORE MARILAND, WHERE P	KONOUNCED DEAD	A. STATE B. COUNT	deceased lived. II li	)
FULL NAME OF (IF NOT IN HOSPITAL OR	NSTITUTION, GIVE STREET	md to	low ARD G	03.00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?
1		EllicoTt City		YES NO X
STAGNES HOS	P. D.O. A.	E. STREET AND NUMBER		
20 1/19/11-		10 CT Dail	CT	
<u> </u>		183107401	21	
6. RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MAPLE WAILE WIDO	OWED DIVORCED	JUNE 10 1903	64	
OA. USUAL OCCUPATION (Give kind of work 108. KI)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	11	-117		115A.
MACLIAIST B.	9/TO TRANSIL	Flicall Ely	Ma	U. 3, M.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
D. 11 1 - 1 1.		b 11	10110	1.1
MYUILLA VI TREGERICK		CAROLINE -	SIP/IPER	29111
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	. 0	STPOULST.
1/0		Agnes FRENZE		
110	213-05-9413	1.4WES / KIGEE	ICK /	FILED MEG PAG.
18.413.941250.9	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		A		1.1
LEADING TO DEATH	(A)IMMEDIATE CAL	SECPREPIEL VESCY	for occh	era / pr
(This daes not mean the made of dying,	e.g., DUF TO OR AS	A CONSEQUENCE OF:	150	ACK 4
heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)				
		1 1 - 1	. 1	1 .
ANTECEDENT CAUSES	(B) Grkno:	clarity Caren	. Vt scules	(VSeu ) 715
DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:		
rise to the above cause (A) stating				The second secon
UNDERLYING CONDITION last.	(c)			
- 422.1 II	^			
Z OTHER CICALIFICANT COMPUTIONS CONTRIBUT	TING 1) sahi	to mellitus		
TO THE DEATH BUT NOT RELATED TO THE TERM	INAL	3 Mellitas		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES WERE	FINDINGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO THE TERM  TO THE DEATH BUT NOT RELATED TO THE TERM  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION  WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 1	)	70,0131,000	IN CERTIFYING CA	FINDINGS CONSIDERED JUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg. INJURY OCCUR?	(If in Boltimo	re City, give exoct lacotion)
▼ DEATH (notify medical examiner)	etc.)	neo siaga, into kii o dao ki		
	015 111110	015 1/2		
OF INJURY (Month) (Doy) (Year) (Hour		21 F. HOW DID INJU	KY OCCUR?	
(APPROX.)	While At Not While Work At Work			
			F	7 2:= 11
22. I certify that (1) this hospital) atten	ded the deceosed from	7	58 ta	2-25 1968
that (1) (we) last sow the deceased alive	an 2-23	19 68 and that	in (my) (our) on	inion deoth occurred on the dot
			Contract of	
ond hour and fram the couses stoted oba	(Ve (1) (We) (did) (did not) v	iew the bady ofter deoth.		
23A. SIGNATURE				23B, DATE SIGNED
How de Atral	Atte	nding Med. S	taff hys.	2-29-68
23C PHYCICIANG	DE OREL		nys. 🗀	1 ~0
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)		/	1	
Thomas F Herbert	H.D	44 Church R	d Ellic	att Cita ted
Thomas F. Herbert,	H.D GEGREE	110000	d. Ellio	off City, Hed
Thomas F. Herbert,	M.D GEGREE	MATORY 24D. LO		Sty Coty, Hd.  Sity, town, or county) (Stote)
Thomas F. Herbert,	M.D GEGREE	110000		Sty City, ted.  Sity, town, or county) (Stote)  Howard md.
Thomas F. Herbert, 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 2-29-68	M.D. OFFREE  GEONI DE NICE  PROVIDENCE	MATORY 24D. LO		Howard md.
Thomas F. Herbert, 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. N.	PROVIDENCE  AME OF REGISTRAR	MATORY 24D. LO.	15/9,	1
Thomas F. Herbert,  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BURIAL  25A. DATE REC'D BY HEALTH DEPT. 25B. N.	M.D. OFFREE  GEONI DE NICE  PROVIDENCE	MATORY 24D. LO	15/9,	Howard md.

3-25 68

2-0 Church Pd. E"

68- 2424 CERTIFIC			68- 2424
DATE CENTER	TATE OF DEATH	REG. NO.	00 8381
DIKITI IVO.			
1. NAME OF DECEASED (Type or Print)		D HOUR OF DEATH	1. 1. = 0
William / Unkart	teb. 2	8,1968	1 4:45 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence belare admission)
THE MANY OF HE MOT IN MODITAL OR INSTITUTION ONE STREET	Miryland	200	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	ID INSI	DE CITY LIMITS?
INSTITUTION	Baltimore		YES NO NO
1402 F 111: 1	E STREET AND NUMBER		
4403 Forest View Avenue	4403 Forest	View Avenu	e
UU			
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White WIDOWED DIVORCED	□ Nar. 7,1887	80	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU		gn Country)	12. CITIZEN OF WHAT COUNTRY
done during most of working lile, even il retired) Operator. Balto. Transit (c	. Balto. County	, 101	U.S.A.
	14. MOTHER'S MAIDEN NAM	-	4.5.71.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	A E	
William Unkart			
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	01, M	band 1/100	Ennact View Aug
No 215-09-368	Hargaret C. Un	Rant - 4403	Forest View Ave.
18. / 4 CAUSE OF D	EATH		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/ .		
LEADING TO DEATH	CAUSE Carcinoma	tosia	620.
(This does not mean the made of dying, e.g., DUE TO, O	R AS A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)		3	
ANTECEDENT CAUSES	time To 8		2.
(B)	B AS A CONSEQUENCE OF	refine	
DISEASES OR CONDITIONS, if any, giving DUE 10, 0 rise to the above cause (A) stating the	K AS A CONSEQUENCE OF		
UNDERLYING CONDITION last. (C)			
13-8 / 11			
			4.000
TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
V DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED
		IN CERTIFYING CA	
WAS PERFORMED			USES OF DEATH?
WAS PERFORMED	e a in a shout 21C WHERE DID	(If in Boltimas	USES OF DEATH?
U 27A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (	e.g., in or obout 21C. WHERE DID et, olfice bldg., INJURY OCCUR?	(If in Boltimor	uses OF DEATH?  e City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, streetc.)	e.g., in or obout 21C. WHERE DID et, olfice bldg., INJURY OCCUR?	(If in Boltimor	USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, streetc.)	et, office bldg., INJURY OCCUR?		USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, streetc  DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  OF INJURY  While AL Not	21F. HOW DID INJ		USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  OR CONTRIBUTING CAUSE OF home, foctory, streetc)  home, form, foctory, streetc)  While At Not Work	While Nork		USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, streetc  DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  OF INJURY  While AL Not	While Work		USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  OR CONTRIBUTING CAUSE OF home, factory, streetc)	While Work	URY OCCUR?	uses OF DEATH?  e City, give exact location)  2/28/1968
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (this heapital) attended the deceased from that (1) (this heapital) attended the deceased from that (1) (this heapital)	While Nork ond the	URY OCCUR?	uses OF DEATH?  e City, give exact location)  2/28/1968
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Year) (Hour)  21D.TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED While At Not Work  22. I certify that (I) (this hospital) attended the deceased from that (I) (ms) last saw the deceased alive on and haur and fram the causes stated above. (I) (Gid) (400)	While Nork ond the	URY OCCUR?	uses OF DEATH?  e City, give exact location)  2/28/19 68  nion death occurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Mork Not Mork (APPROX.)  22. I certify that (I) (this heapital) attended the deceased from that (I) (May) last saw the deceased alive on and haur and fram the causes stated above. (I) (May) (did) (23A. SIGNALIB)	While 21f. How Did INJ While 3  21f. How Did INJ Work 3  21f. How Did INJ On the Second Secon	URY OCCUR?  19 67 to  ot in(my) ( <del>our)</del> opl	uses OF DEATH?  e City, give exact location)  2/28/19 68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Year) (Hour)  21D.TIME (Month) (Day) (Year) (Hour)  21E. INJURY (APPROX.)  While At Not Work  22. I certify that (1) (Nris haspital) attended the deceased from and haur and fram the causes stated above. (1) (Sa) (did) (23A. SIGNATURE)	While Nork ond the	URY OCCUR?	uses OF DEATH?  e City, give exact location)  2/28/19 68  nion death occurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. The (Month) (Doy) (Year) (Hour)  21D. The (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED While At Not Work  22. I certify that (I) (Notice heapital) attended the deceased from that (I) (Not) last saw the deceased alive on and haur and from the causes stated above. (I) (Co) (did) (Co)  23A. SIGNATURE  23C. PHYSICIAN'S	White 21F. HOW DID INJ White 30 ond the 30 o	URY OCCUR?  19 67 to  ot in(my) ( <del>our)</del> opl	uses OF DEATH?  e City, give exact location)  2/28/19 68  nion death occurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. The (Month) (Day) (Year) (Hour)  21D. The (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED While At Not Work  22. I certify that (I) (this heapital) attended the deceased fram that (I) (ms) last saw the deceased alive on and haur and fram the causes stated above. (I) (Mark) (did) (Mark)  23A. SIGNATURE  Brauling  DEGREE	While 21F. HOW DID INJ While 319 88 ond the 32 ond the 32 ond the 33 ond the 34 ond the 35 ond the 36 ond the	URY OCCUR?  19 67 to  ot in(my) ( <del>our)</del> opl	uses OF DEATH?  e City, give exact location)  2/28/19 68  nion death occurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. Time (Month) (Doy) (Year) (Hour)  21D. Time (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED While At Not Work  22. I certify that (I) (Notis hospital) attended the deceased from that (I) (Notice) last saw the deceased alive on and haur and from the causes stated above. (I) (Color) (did) (Color)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	While Discount of the body after death.  Attending Med. Director Director GREE	URY OCCUR?  19 10 to ot in (my) (**or*) op!  Shoff Phys.	a City, give exact location)  2/28/19 68  milon death occurred an the date  23B. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. The Mark (Month) (Day) (Year) (Hour)  21D. The Mark (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED While At Month (At Month) (I) (Hais hospital) attended the deceased fram that (I) (Hour) last saw the deceased alive on and haur and fram the causes stated above. (I) (Hour) (did) (Hour)  23A. SIGNATURE  Brankley  DEGREE  23C. PHYSICIAN'S NAME (Type)	While 21F. HOW DID INJ While 319 88 ond th Attending Med. Director Director CREE CREMATORY 24D. Let	ot in (my) (our) opl	active exact location)  2/28/19 68  milen death occurred an the date  23B. DATE SIGNED  3/1/68  ty, town, or county) (State)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. The Mark (Month) (Day) (Year) (Hour)  21D. The Mark (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED While At Month (At Month) (I) (Hers hospital) attended the deceased fram that (I) (Hers hospital) attended the deceased fram and haur and fram the causes stated above. (I) (Hers hospital)  23A. SIGNATURE  23A. SIGNATURE  DEGREE  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	While 21F. HOW DID INJ While 319 88 ond th Attending Med. Director Director CREE CREMATORY 24D. Let	ot in (my) (our) opl	active exact location)  2/28/19 68  milen death occurred an the date  23B. DATE SIGNED  3/1/68  ty, town, or county) (State)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. The Mark (Month) (Day) (Year) (Hour)  21D. The Mark (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED While At Month (At Month) (I) (Hers hospital) attended the deceased fram that (I) (Hers hospital) attended the deceased fram and haur and fram the causes stated above. (I) (Hers hospital)  23A. SIGNATURE  23A. SIGNATURE  DEGREE  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	While 21F. HOW DID INJ While 319 88 ond th Attending Med. Director Director CREE CREMATORY 24D. Let	ot in (my) (our) opl	active exact location)  2/28/19 68  milen death occurred an the date  23B. DATE SIGNED  3/1/68
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED While At Not Work  22. I certify that (1) (His heapital) attended the deceased fram that (1) (His last saw the deceased alive on and haur and fram the causes stated above. (1) (I) (did) (III)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, PARTICLE (Specify)  Burial  3-2-68  Partwood (emeter)	While 21F. HOW DID INJ While 319 88 ond th Attending Med. Director Director CREE CREMATORY 24D. Let	ot in (my) (our) opl	ass of DEATH?  City, give exact location)  2/28/19 68  Inlon death occurred an the date  23B. DATE SIGNED



1	1-67:	2	68-	242	5 ва	LTIMORE CITY HE	ALTH DEPA	RTMENT					
11	100		MED	DICAL	EXA	MINER'S	CERTIFI	CATE O	F DEAT	H	No 68	3	2425
BIR	TH NO.									KEG.	. 140		
	name of dec NORMA'N	EASED			ALST	ON	2. DATE OF DEATH	Known X	Month  Febru	Jary	27, 19	Yeor 968	8:54 A M
4. F	LACE IN BAL	TIMORE, M	ARYLAND,	WHERE PR	ONOUN	CED DEAD	3. DATE		Month	Doy		Yeor	Hour
HOS	NAME OF	(IF NO	T IN HOSPIT	AL OR INS	TITUTION,	GIVE STREET		RESIDENCE (W			7, 196		8:54 A -M
	Baltimo	re Cit	y Hosp	ital	(DOA)		A. STATE	ryland	ere deceosed i	B. COU		gence ge	nore odinission)
6. 5	EX	7. RACE		8. MARR	IED 🔀 N	NEVER MARRIED	C. CITY O	R TOWN	E 5 C 5 :	D. IN	IDE CITY LI	MITS?	1
1	Male	Ne	gro	WIDOV	VED 🗌	DIVORCED	Ва	ltimore			YES X	NE	10 🗆
9. [	ATE OF BIRT	H	10. AGE (		If Under	1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER					
	12-8-3	5	32	94)	, violitis i	Doy's Friedris Friedris	28	25 Rayno	r Avenue	2			
11.	BIRTHPLACE (S				12. CITIZ		13. FATHER		22101161				
D.	N.C				WHA	LCOUNTRY?	Be	njamin	P. Als	ston			
14A.	USUAL OCCU	PATION (GI	ve kind of work	14B. KIND	OF BUS	INESS OR INDUSTR							
done	during most of v	vorking life, e	ven itretired)				Mat	tie Whi	te				
	WAS DECEAS					SOCIAL	18. INFOR				ADDRE	SS	
(Yes	, no or unknown	(If yes, give	wor or dotes	of service	)	SECURITY NO.	Henr	y Ander	son 22	218 1	Riggs	Ave	e.
	19. 0	4 = 91				CAUSE OF DEA		j	2011		-00-	APPI	ROXIMATE INTERVAL
	97	2 1										BETWE	EN ONSET AND DEATH
		E OR CONI	DITION DIRE O DEATH	CILY				erial End	docardi	tis			
	(This does n	ot me on the	mode of d	ying, e.g.,		(A) IMMEDIATE	AS A CONSE	QUENCE OF:					employane, esse esse enc. (c) you fair this was this bell follower why till this till this time of
	Injury or con	, osthenio, et nplicotion wh	c. It meons the	e diseose, oth.)									
		ATE CED EA IS	CAUCEC										
		NTECEDENT OR CONDIT	IONS, IF AN	Y. GIVING		(B) DUE TO, OR	AS A CONS	QUENCE OF:	******				
	RISE TO THE	E ABOVE CA	TION LAST.	ATING THE									
Z	ONDEXEIII		IIOIT CASI.			(C)							
Ĕ	4 21	LEICANIT CO	II INDITIONS C	ONTRIBIL	TING								
ERTIFICATION	TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	INAL	Bicusp	oid Aor	tic Valve	2		u u u u <del>u u u u u u u</del> u u u u u u u u		भाग कुन्ता का का का का का का प्राप्त और का बी का बी का बी का
ER	20A. DATE OF	OPERATIO	N 20B. CO	NOITION	FOR WH	ICH OPERATION W	AS PERFOR	MED			21.	AUTOP	Yes or No)
C	X												Yes
EDICA	UNDERLYING UTING CA		NTRIB-		22B. PLA home, for	CE OF INJURY(e.g., m, foctory, street, offi	, in or obout ce bldg., etc.)	22C. WHERE DI	D (if in Boltime	ore City, g	ive exoct loc	otion)	
	22D. TIME		(Doy) (Yes	ar) (Hou	r) 22E.1	NJURY OCCURRED		22F. HOW DID	INJURY OCC	UR?			
	OF INJURY (APPROX.)				m. WHIL		T WHILE WORK						
	23.			-	¬ .		(V)						
	I cert	ify that I	neld on	Inquiry [	In	spection A	topsy X	and that o	n this basis	, deoth I	n my opin	ion	
H	resul	ted from: _	Noturol ca	uses XX	Acci	dent. Suici	de L H	lomicide L	Undeterm		nner		
		1	1111	. 1		7		CHIEF MEDICA		****			DATE SIGNED
	SIGNAT	- 1	Men	es	1-/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	D. ASS	ISTANT MEDIC	AL EXAMINER	XX			
	EXAMIN NAME (1	ER'S	Werner	U, S	pitz	M.D.		OCIATE MEDIC	AL EXAMINER			2/27	//68
	A. BURIAL CRE	MATION,	24B. DATE		24C. N	AME & CEMETERY	or CREMAT	ORY 2	D. LOCATION	V (Cir	y, town, or	county)	(Stote)

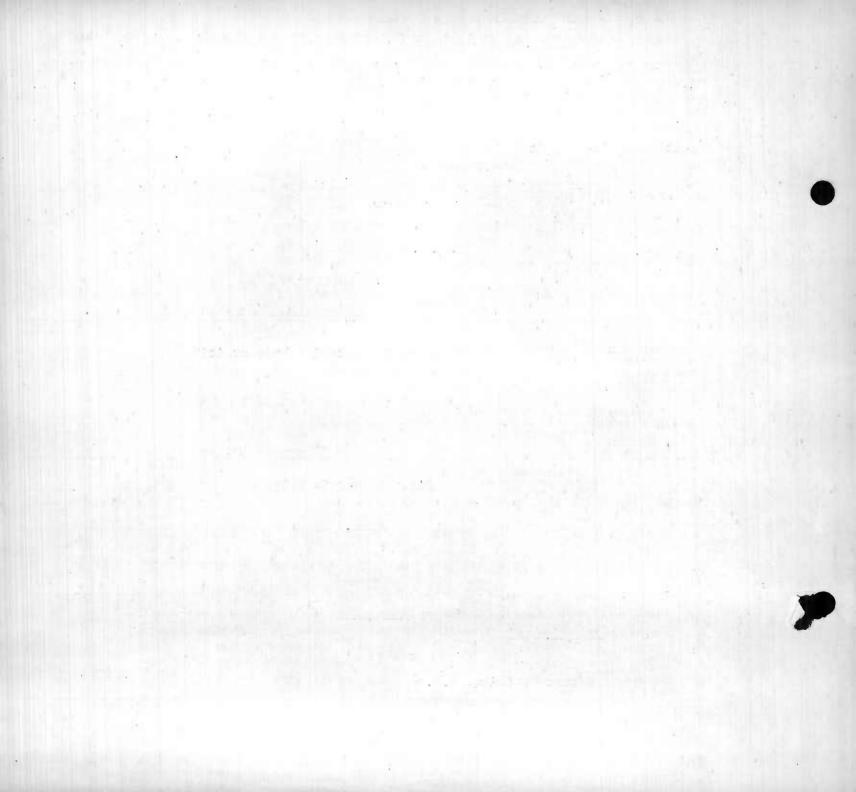
Church Cem.

Warrenton, North Carolina
25C. FUNERAL DIRECTOR ADDRESS

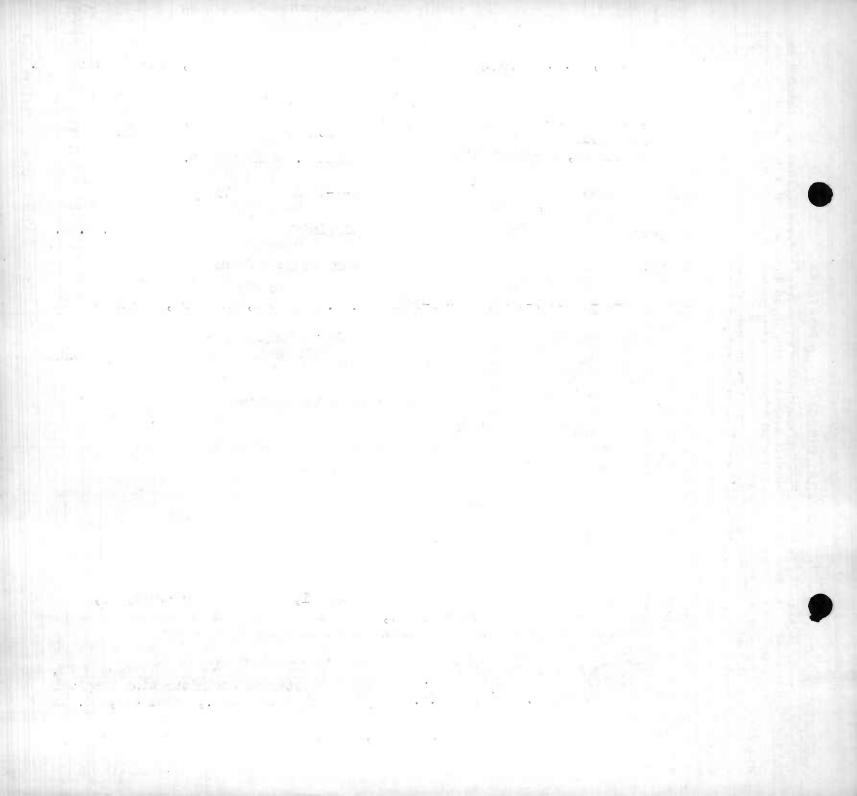
Kelson Funeral Home 1348 Calhoun St.



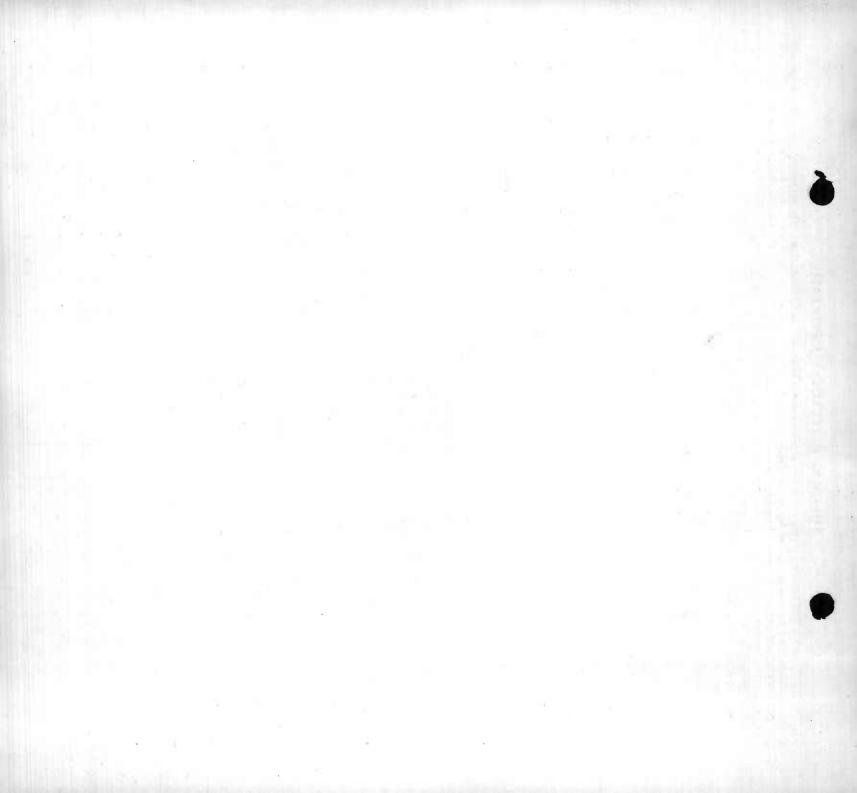
Burial 3-4-68
25A. DATE REC'D BY HEALTH DEPT.



15-6	35 68-	2426		HEALTH DEPARTMENT	REG. NO.	00 2425
BIRTH NO.	00	H 2440	CERTIFICA	TE OF DEATH		
(Type or Print)		a (mar)			AND HOUR OF DEATH	/d 12.05 D
	BURTON, CHARLE		D DEAD	14 USUAL RESIDENCE (W)	BRUARY 27, 19	68 1:05 P. M
S. PEACE III DA	TIMORE MARIEAND, W	HERE PROHOUNCE	D DEAD			nstitution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION	N. GIVE STREET	Maryland Ba	ltimore	IDE CITY HANTES
INSTITUTION	Veterans Admin				D. INS	IDE CITY LIMITS?
	3900 Loch Rave			Baltimore E. STREET AND NUMBER		
	Baltimore, Mar	yland 2121	.8	1912 W. Lexi	ngton St.	
5. SEX	6. RACE	7. MARRIED N	IEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	Negro	WIDOWED	DIVORCED	3-2-1894	73	
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Slote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Handyma		Unknown		Virginia		U. S. A.
13. FATHER'S N			- 5-22	14. MOTHER'S MAIDEN N.	AME	
Charles	s Burton			Mary Frances	James	
15. Was Decease	ed Ever in U. S. Armed For		SOCIAL	17. INFORMANT Recor		ADDRESS
Yes	6-18-18 to 7		0-05-3219			Maryland 21218
1B. # 8	2/01	20 27	CAUSE OF DEAT	1	, Deale and Cy	APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		Encephaloma	lacia of	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	2 01 1 1		2 months
	nat mean the made of , asthenia, etc. It means			A CONSEQUENCE OF:		
	implication which caused					
	ANTECEDENT CAUSES		(B) Cerebr	ovascular accio	dent	
	OR CONDITIONS, if he above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	NG CONDITION last.	siding me	(c)			
-331	X II					
O THE DE	IFICANT CONDITIONS CO					
A DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).	U OBSERVIOU	20A. AUTOPSY? (Yes or	Nall 208 to Mee week	ENIDING CONCIDENCE
E J	OF OPERATION 198. CON		H OPERATION	Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCID	ENT WAS UNDERLYING	21B, PLA	CE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Baltima	e City, give exoct locotian)
OR CONTRI	BUTING CAUSE OF fy medical examiner)	home, fo	rm, foctory, street, o	ffice bldg., INJURY OCCUR?		o only, give onoti journally
OF INTIME	(Month) (Doy) (Year)		URY OCCURRED	21F. HOW DID IN	MILLEY OCCUP?	
S OF HAJORI	(Wollin) (Doy) (Teon	While A	Not Whil	e 🗖	AJORI OCCOR:	
(APPROX.)		Work	At Work			
	y that $X\!$				1968 to Febr	
that 💯 (we	e) last saw the decease	d alive an Feb	ruary 27,	19_68and	that in (Xy) (aur) api	nian death accurred an the date
and haur a	nd fram the couses stat	ed above. XI) (Wa	e) (did) (did)(XX) /	riew the bady after death		
23A. SIGNA	URE-	1.1				23 B. DATE SIGNED
G	ELOSE W	Caffer	Ly DEGREE Phy	ending Med. Director	Phys.	February 28, 1968
23C. PHYSIC	(Type)			23D. ADDRESS Veterar	s Administra	tion Hospital
	GEORGE W	GAFFNEY,	MAD.	3900 Loch Raver	Blvd., Balt	imore, Md. 21218
24A. BURIAL CE	EMATION, 24B. DATE	24C. NAME	of CEMETERY OF CR			ity, town, or county) (State)
Burial	3-1-	68 Bal	to. Nat'l	. Cem.	Baltimore,	Maryland
0 0 H H H	D BY HEALTH DEPT.	25B. NAME OF RE	GISTRAR	25C FUNERAL DIRECTO	) P	ADDRESS
MAR 4	1968 Rober	BE, Fail	EN JUST	Kelson Funder	al Home 134	8 Calhoun Stree
VS 150-REV. 1/1	/6B			The said of the sa		

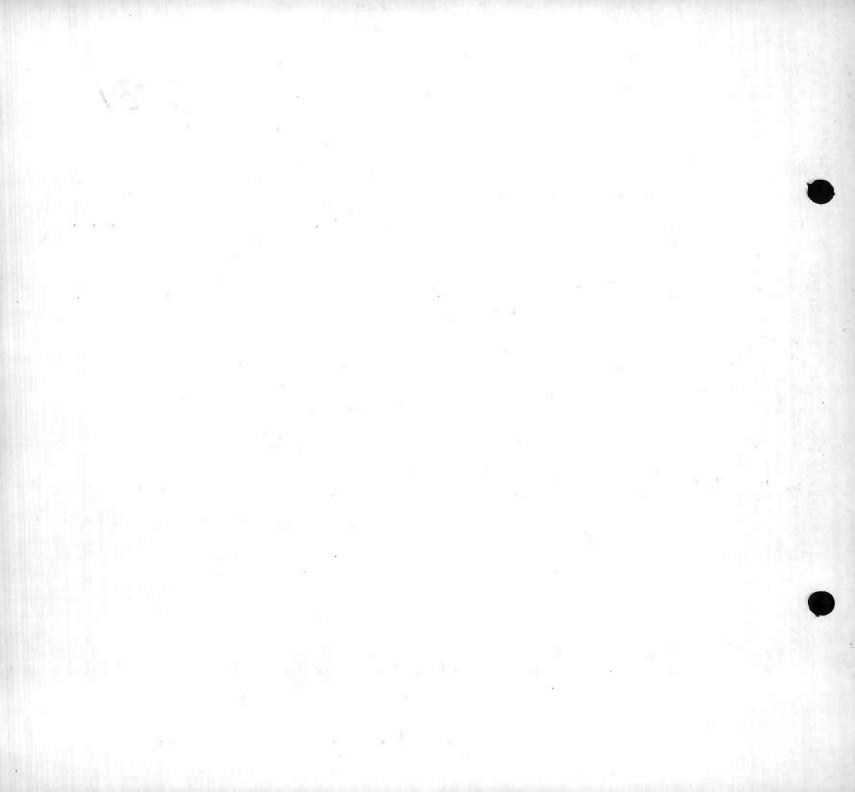


1 -00		Y HEALTH DEPARTMENT	68- 2427					
2-500 68-2	427 CERTIFICA	TE OF DEATH REG. NO.						
	GERTII 107							
1, NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEA						
PEARL B. LEC	N	Feb. 29, 1	968   8:15 p. M					
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	tf institution: residence before admission)					
		MARYLAND						
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET		A A					
INSTITUTION / Tenesau		C. CITY OR TOWN	INSIDE CITY LIMITS!					
	IC HOLES	BALTIMORE	YES X NO Y					
CA KENNISON NURSIN	NG HOME	E. STREET AND NUMBER						
10		2006 BRYANT AVE.						
S. SEX IG. RACE IT. MA	RRIED NEVER MARRIED	B DATE OF BIRTH   Q AGE (In years	If Under 1 Yi., If Under 24 His.					
		12/18/89   lost birthdox   78	Months Doys Hours Min.					
- 31111	OWED DIVORCED		NO CONTRACT CONTRACT					
10A, USUAL OCCUPATION (Give kind of work 10 B, K. done during most of working life, even if retired)	IND OF BOZINEZZ OK INDUZIK	III. BIKINPLACE (Stote of toleign country)	12. CITIZEN OF WHAT COUNTRY					
		MADVIAND	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.D.A.					
13. PATHER 3 HAME		14. MOTHER 3 MAIDER HAME						
ABRAHAM BROWN		MARY RICHARDSON						
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dates of se								
no	081-16-254	**BGEARLDINE WICKS 2006	BRYANT AVE.					
18. 4/00	CAUSE OF DEA	TH	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY		Apoplexy	DEL WEEK ONSET AND DEATH					
LEADING TO DEATH								
(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO: OR AS A CONSEQUENCE OF  heart failure, a sthenia, etc. II means the disease, Hyper Fore or all alleria sclerafic								
heart failure, asthenia, etc. It means the d	seose, Ilupet to	1760 Diterio School	2					
injury at camplication which caused death.	A policy							
ANTECEDENT CAUSES	1	Diseve will						
DISEASES OR CONDITIONS, if any,	OUE TO, OR A	S A CONSEQUENCE-OF:						
rise la lhe obave cause (A) slotin	giving	2. Sel Shorties						
UNDERLYING CONDITION last.	(c)	Jem on O or 100						
111124		/						
Z 4 4 0 A	ITINIC							
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)								
DISEASE OR CONDITION GIVEN IN PART 1 (A)		[04.1] (M. A.1.1] (A.B. A.1.1)						
194. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?					
198. CONDITION WAS PERFORME								
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Bal	timare City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, foctory, street,	office bldg., INJURY OCCUR?						
U		A STATE OF THE STA						
OF INJURY (Month) (Doy) (Year) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
₹ (APPROX.)	While At Not Wh							
(111110)	Work At Work		9 1 1/					
22. I certify that (I) (this haspital) atte	nded the deceased fram_\	ept 1967 to -	Tel- 29 1900					
that (1) (we) last saw the deceased aliv	10 or Feb 25%	19 65 and that In(my) (aur)	apinian death accurred an the dat					
and haur and from the causes stated ab	ave. (I) (We) (did) (did nat)	view the bady after death.						
23A. SIGNATURE			23B, DATE SIGNED					
Mr. A. asher		hending Med. Staff	2/0//0					
236 BUYSISIAN I MAN I PITE	GEGREE Ph		3/2/68					
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS						
	erly	5820 York Rd.						
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (State)					
REMOVAL (Specify)			,					
Burial 3/4/68	Mt. Auburn Cer	m. Baltimore	. Md.					
25A. DATE REC'D BY HEALTH DEPT. 25B. N	Mt. Auburn Cer	2SC. FUNERAL DIRECTOR	ADDRESS					
	Farbana	Val- 5 11	1348N.Calhoun St					
MAK 4 1900 ULLEUT E	, dama, -	noison runeral Home	1540NICOLHOUN ST					
10 100 DEN/ 1/1//0								

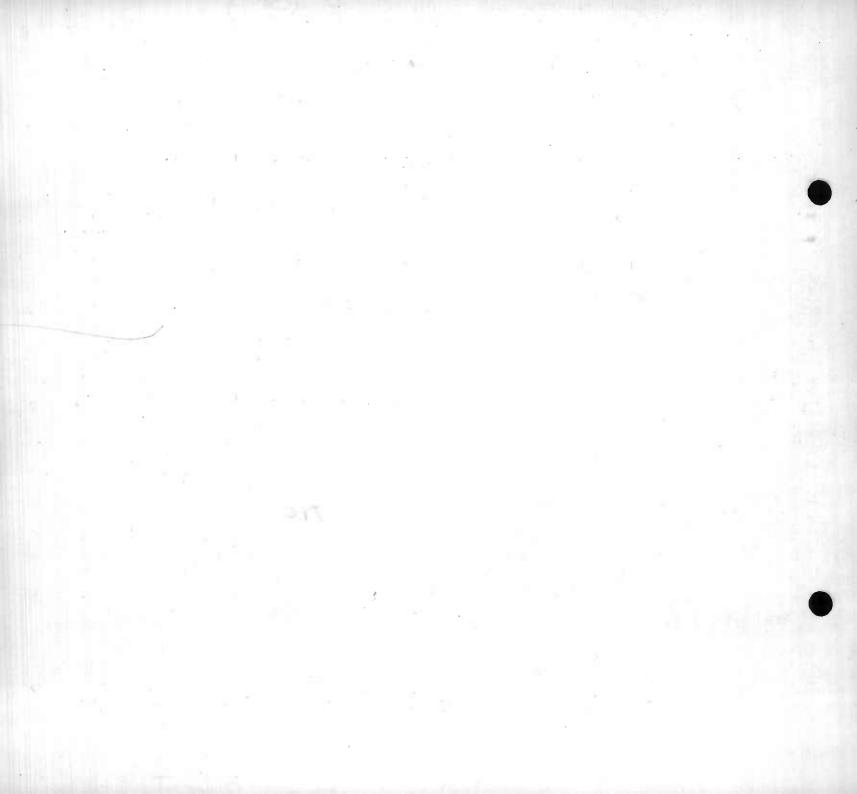


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a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	W/ 1-	30 00	040	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2428
1	11-2	32 68	- 242	CERTIFICA	TE OF DEATH	REG. NO	00 12760
	H NO.	· · · · · · · · · · · · · · · · · · ·				D HOUR OF DEATH	
	e or Print)		Montgo	mart	2-28		
3. 1	LACE IN BAL	TIMORE MARYLAND, W					titution; residence before admission)
			TIERE TROTTO		A. STATE Md. B. COUN	ITY . Li	01
FU	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		1/1/2	-01
INS	TITUTION				Balto.	A. D. NSID	DE CITY LIMITS?
2	8	The state of the s	- Horni	+ - 1	E. STREET AND NUMBER		YES NO
)	0	University	nosp.	Lual	0311	1. 4	
5. S	EV	6. RACE	17		8. DATE OF BIRTH	9, AOE (In yeois	If Under 1 Yr., If Under 24 Hrs.
		22		NEVER MARRIED	2-15-94	lost birthdoy	Months Doys Hours Min.
	ale	Negroid	WIDOWED			13	110 617751 05 1111 60 11177
		working life, even if retired)	KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
					Va.		U.S.A.
13.	ATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
					Mary		
15.	Nos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or unknown	(If yes, give wor or dote	es of service)	SECURITY NO.		romerv 821	
re	S			217096783	Louise Monta	somery or	APPROXIMATE INTERVAL
	184 DISEA	SE OR CONDITION DI	RECTLY	10000	e 1,10	lastin	BETWEEN ONSET AND DEATH
	(T)	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CONTRACTOR	1 0000	
		nal meon the made of asthenia, etc. It means		DUFUO OR AS	A CONSEQUENCE OF:	0	
	injury ar car	mplication which coused	deoth.)	to a ca	lad lasa	Man	
		ANTECEDENT CAUSES		(6)		1. 22 2 -8-	
	DISEASES	OR CONDITIONS, il	any, giving	DUE TO OR AS	A CONSEQUENCE OF:	y's wheater of in the shirt friends	
		e obave cause (A) G CONDITION lost.	stating the				
			<del></del>	(c)			
z	42011	/    FICANT CONDITIONS CO	NITRIBILITING				
TION	TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL				
ICA		F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED
CERTIFIC		WAS PER	FORMED			IN CERTIFYING CAU	SES OF DEATH?
CE	21 A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltlmore	Cily, give exoct location)
AL		UTING CAUSE OF medical exomines	hor		fice bldg., INJURY OCCUR?		
0	21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E	. INJURY OCCURRED	21 F. HOW DID INJ	ILIDY OCCUP?	
ME	OF INJURY			ile At Not Whil		OKY OCCUR:	,
	(APPROX.)		W	rk At Work	400/14	0	19016
	certify La	that (1) (this haspita	l) attended t	he deceased fram	1() 6	19to	28 0019
	that (I) (we	) lost saw the decease	ed olive on.	2 6 6 8	19and th	nat in (my) (aur) apin	ian death occurred an the date
	and haur on	d from the causes sta	ted abave. (	1) (We) (did) (did nat) y	iew the body after death.		
	23A. SLGNAT			, , , , , , , , , , , , , , , , , , , ,			23B. DATE SIGNED
	11	L- Gamen	3 1	MAHe	nding Med.	Staff	9/1/8
	23 C. PHYSICI	AN'S	4	DEGREE Phy	S. Director L.	Phys.	3 10
	NAME (	Type)	// NI	E /	W 7.001	1 al month	E Gue.
	V	110	1-11	DEGREE	1	of all miles	
24A	REMOVAL	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI	MATORY 24D. L	OCATION (City	y, town, or county) (State)
F	urial	3-4-68	8 Ba	lto. Natal.	Cem.	Baltimore,	Maryland
			258"NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
11.	3 4 18	168 (16 Cal) 886	, Jank	N. and	Relson Fune	ral Home 1	348 Calhoun St.
		76B	1		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

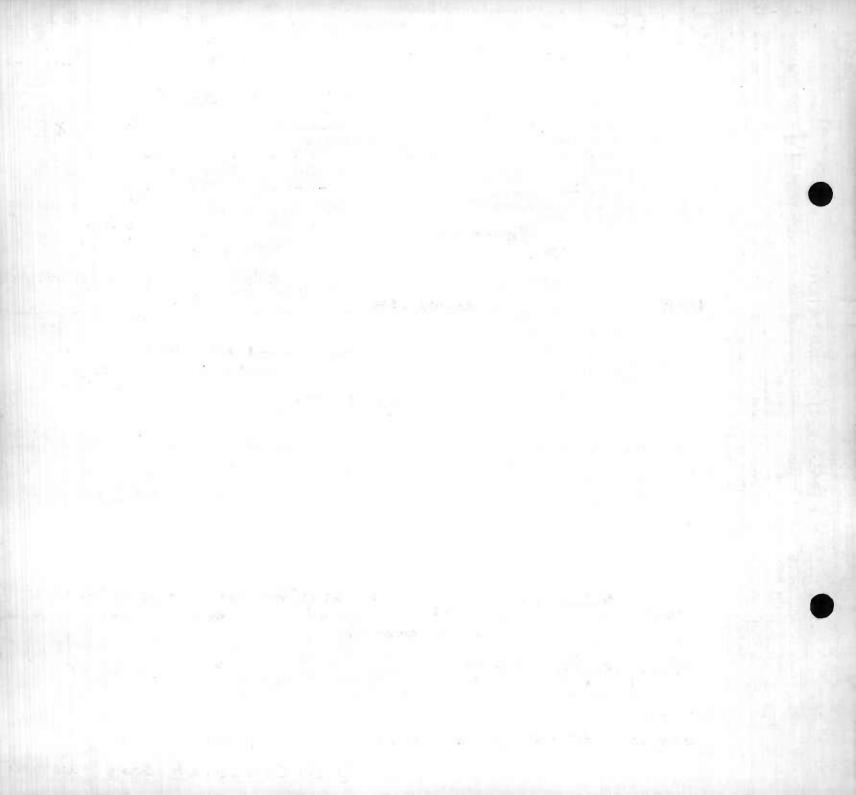


VS 150-REV. 1/1/6B



1	11-1100		CITY HEALTH DI		IN	00	0.400
1	68- 7	2430 CERTIFIC	CATE OF	DEATH	REG. NO	00.	- 2430
	TH NO.	<u> </u>			ID HOUR OF DEAT	4	
	pe or Print) HARRY 1	3. WALL		1	2/28/6	8 1	30/5 AOM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL I	B. COUN	re deceased lived. If	institution: re	sidence before odmission)
FII	LL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	11	NSYLVAN	/	-	35
HC	SPITAL OR ADDRESS OR LOCATION	)	C. CITY OR		- 60	SIDE CITY LI	MITS?
1	af:		YEA	GERTOWN		YES	NO 🗌
12	3 THE JOHNS HOPKIN	S HOSPITAL		AND NUMBER			
			MAN	N AVENU	F EXTENDE	D	
S. :	6. RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF		9. AGE (In years lost birthdoy)	If Under Months	
1	MALE WHITE WII	DOWED DIVORCED	T 11_			1440111112	1 1
†0A	WILL WHILE WILL  USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL.	ACE (State or forei	ign country)	12. CITIZ	EN OF WHAT COUNTRY?
don	e during most of working life, even if retired)		PA	1		1	1517
13.	FATHER'S NAME			R'S MAIDEN NAM	ME		314
	JOHN WALL				ERVA WHI	L	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORM				ADDRESS
1	UNK.		JOHN	WALL	10	8 N.	STUART APPROXIMATE INTERVAL
-	18./6 2. /	CAUSE OF DI	EATH		16	2.1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	LY 1/1	1-6100	11100 111			ELMEEN ONSEL AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE	CAUSE	MICCIN	OMAO	6,	
	(This does not meon the mode of dyin heart failure, asthenia, etc. Il meons the	g, e.g., DUE TO, OR	AS A CONSEQUE	NCE OF:	LUNG		• • • • • • • • • • • • • • • • • • • •
	injury or complication which coused deat	6.1	OLLAND	/			
	ANTECEDENT CAUSES	(0)	16/14/14/16	OR M	ETASTATI	C	~ 6 MOS.
	DISEASES OR CONDITIONS, if any,	giving DUE TO, O	R AS A CONSEQU	ENCE OF:			***************************************
	rise to the obove couse (A) stati	ng the					
		(c)					
NO O	OTHER SIGNIFICANT CONDITIONS CONTRIE	RUTING					
ATIO	TO THE DEATH BUT NOT RELATED TO THE TEL	RMINAL	EUMO,	VIA			
	194. DATE OF OPERATION 198. CONDITION	N FOR WHICH OPERATION	20 A. AU1	TOPSY? (Yes or No	20B. IF YES, WER	FINDINGS	CONSIDERED
ERTIFIC	WAS PERFORM	ED	V	FS	IN CERTIFYING C	AUSES OF I	DEATH?
ü	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e			(If in Boltim	ore City, give	exoct locollon)
¥	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, stree	t, office bldg., IN.	JURY OCCUR?			
DIC	21 D. TIME (Month) (Doy) (Year) (Ho	ur 21 E. INJURY OCCURRED	211	F. HOW DID INJ	URY OCCUR?		
MEDI	OF INJURY (APPROX.)		While -				
	(APPROL)	Work L AI V	Vork		10	0/200	10
	22. I certify that (I) (this hospital) att	ended the deceased from_	2/10		19 68 ta	2/18	19
	that (1) (we) lost saw the deceased al	ive on	19	and th	at in(my) (aur) a	pinion deat	h accurred an the date
	and hour and fram the causes stated a	bave. (1) (We) (did) (did no	at) view the bac	dy after death.			
	23A. SIGNATURE				^/	23 B. DAT	ESIGNED
	lant & Muke	Von	Attending Phys.	Med. Director	S taff Phy	21	28/68
	23C. PHYSICIAN'S	OEGREE	23D. ADDRES	S	-/-	1	100
	NAME (Type) PAUL E	. MICHELSON	THE	JOHNS	HOPKINS	HOSP 1	TAL
24/	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of	GREE			City, Iown, o	r county) (Stote)
	REMOVAL (Specify)					, O	(31016)
-	UURIAL -12/68		of fait		BALTO.	MP.	
25/	MAR 4 1968 () 0 25B	NAME OF REGISTRAR		NERAL DIRECTOR			ADDRESS
	1000 00000	a' smark.	JU	, CONA	VELLY	30€	MACE
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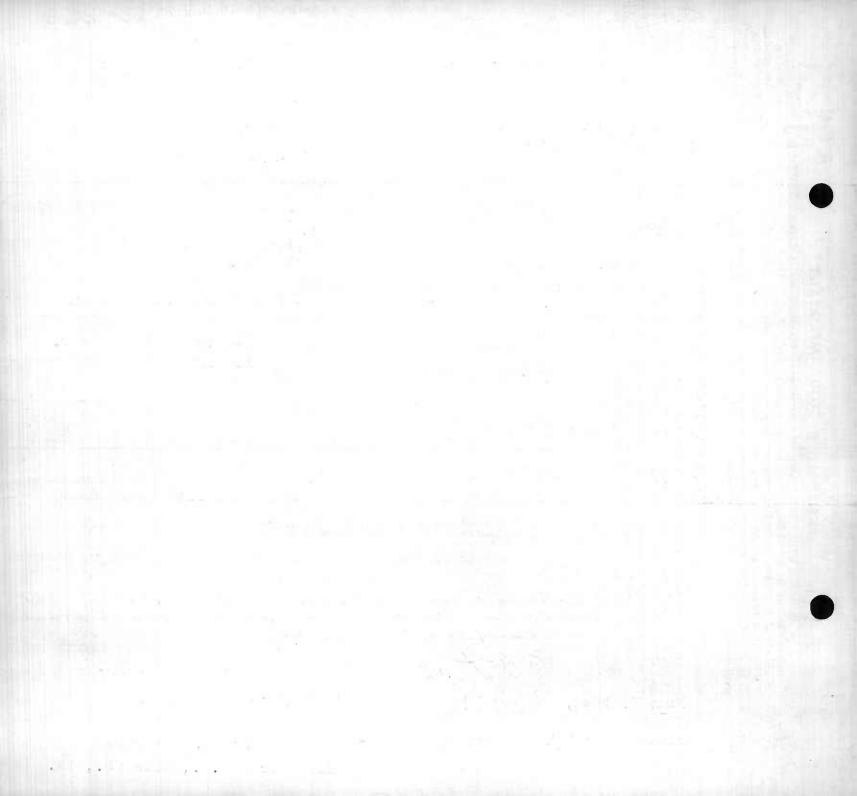
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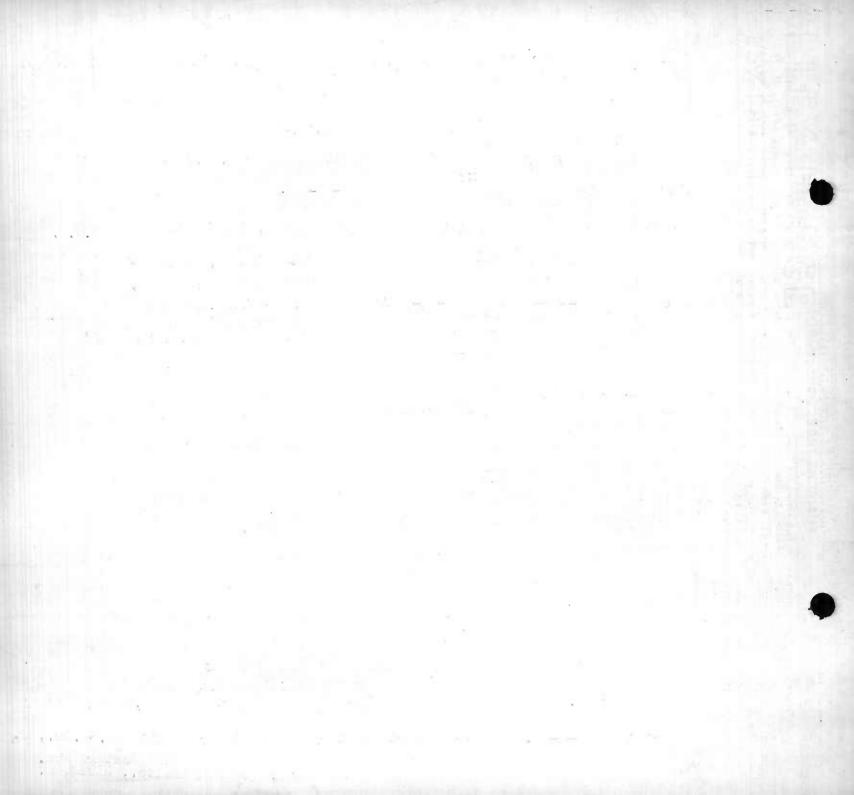
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deceased prior to death); and (b) No physician was in regular attendance on the deceased prior to dearn. Such written approval must be obtained before the remains are embalmed or final disposition is made.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

601	th		BALTIMORE CITY				1 68-	- 2432	
0.0%	68	243	32 CERTIFICA	TE OF D	EATH	REG. NO.	00	C40C	
I. NAME OF DE						D HOUR OF DEATH			
(Type or Print)	Walter Jar	mes Stry	ker			28, 1968		6:30 P M	
3. PLACE IN BA	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A, STATE B, COUNTY								
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTIT	HITON CIVE STREET	Va. 1/- 1/3					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				C. CITY OR TOWN D. INSIDE CITY LIMITS?					
US Public Health Service Hospital				Falls Church YES NO					
				E. STREET AND NUMBER					
$\sim$ 1	7429 Carol Lane								
5. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under Months	Doys Hours Min.	
		10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country) 12. CIT				ZEN OF WHAT COUNTRY?	
done during most of Stude	working life, even if refired)			Va. US				A	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME					
1		Joan Marten							
15. Wos Deceose	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces?	1 6. SOCIAL	17. INFORMANT				ADDRESS	
No	in the yes, give wor or done	es of service,	None	Records- US PHS Hospital,			, Balt	Balto, Md.	
1B. 20	4./		CAUSE OF DEAT	Н				APPROXIMATE INTERVAL	
DISEA	01				8 mos.				
(71)	LEADING TO DEATH	1	(A) IMMEDIATE CAI						
	nat meon the made of , asthenia, etc. II meons			A CONSEQUENCE	OF:	renkelita			
injury or ca	mplication which caused	deoth.)							
	ANTECEDENT CAUSES		(B)						
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:									
	G CONDITION last.	slating the	(c)						
2014	/ 11		( ),						
O OTHER SIGN	FICANT CONDITIONS CO	NTRIBUTING							
	TH BUT NOT RELATED TO T								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF INC.				CONSIDERED DEATH?	
U 21A. ACCIDI	ENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g.,	n or obout 21 C. W	HERE DID		re City, give	e exoct focotion)	
OR CONTRIB	UTING CAUSE OF y medical examiner	hor	ne, lorm, foctory, street, o	ffice bldg., INJUR	OCCUR?				
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY		WI	nile At Not Whi						
22. Logstif	y that (1)/this haspita			Dec. 4	1	19 67 to Feb	. 28	19 68	
,	) last saw the decease		7 1 00	and the same of th				th occurred on the dote	
			1) (We) (did) (did /not)						
23A. SIGNAT		- 0					23B. DAT	TE SIGNED	
Attending Med. Stoff 2/29/68									
23C. PHYSICI NAME (	AN'S	· ans	DEGREE PA	23D. ADDRESS	rector —	rnys. —	1		
		A Surg	(B)	US PHS	Hospi ta	al, Balto,	Md.		
	EMATION, 248. DATE		AME of CEMETERY OF CR				City, town, o	or county) (Stote)	
REMOVAL	(Specify)								
Burial	3/4/68 D BY HEALTH DEPT.		Ivary Cemet	25C FUNED	Fa :	irfax, Vi	rgini	ADDRESS	
MAD A	1968 00 6	18 fa				h F.H.,Fa	11s (		
WAR 4	1300 U ( )	1 40	***			, , ,			



SAB-51-22-62	B-400 68- 2433 BALTIMORE CITY HEALTH DEPARTMENT REG NO. 68- 2433	
26205	CERTIFICATE OF DEATH	
deatl deatl ease n th	1. NAME OF DECEASED 2. DATE/AND HOUR OF DEATH	_
of deat of deat Decease e on th	Type or Fride ORGE C. BeIL 2/28/68 1/2:50A	4 M.
the Det	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: rosidence before admission of the property o	sion)
hospital ise of c (5) Dece ance or death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Baltimore 33-0	00
a hos cause se; (5	INSTITUTION Deliant transfer of the state of	
T T T T T T T T T T T T T T T T T T T	Baltimore City Hospitals  4940 Eastern Avenue  Baltimore  Baltimore  F. STREET AND NUMBER	
i più più i		
curre rribut nined gular sed p	5. SEX 6. RACE 7. MARRIED STATISTICS R. DATE OF RIRTH 9. AGE (In years 1/1 linder 1 Yr. If linder 24	Hrs.
mirrib med	Male White WIDOWED DIVORCED 3-31-1896   Sost birthdoy) 71   Months Doys Hours Mir	n.
on on one second	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)	NTRY?
det det	done during most of working life, even if retired)	
Sit de	Retired Musician Maryland, Baltimore U.S.A.  13. FATHER'S NAME	
if d  wa  the	Anthony Beil Catherine Clara Stumpf	
A FIRST SIS	V 2002	
A A A A A A A A A A A A A A A A A A A	[Yes, no or unknown] (If yes, give wor or dates of service) SECURITY NO.	
Ssiss that the fine of the state of the stat	No 212-01-3844A Records:BCH- 4940 Eastern Avenue 21224	
BY THE MEDICAL EXAMINER DIRECTOR: IMPORTANT ical examiner or his assistant all examiner. Also, if the direction who pronounced death as in regular attendance on ains are embalmed or final dispandence on a succession who pronounced death as in regular attendance on ains are embalmed or final dispandence.	18.4441.0 APPROXIMATE INTERV.	
Phis So, so, ed and the sed	DISEASE OR CONDITION DIRECTLY & DISSICIONS HOUSE ALEONAYSM	
A P P P E	(This does not meen the mode of dying, and a DUETO OP AS A CONSCIUENCE OF	
Dar or o	heort foilure, osthenio, etc. It meons the discession injury or complication which caused death.	
A Diring	ANTECEDENT CAUSES	
BO DE A A S S S S S S S S S S S S S S S S S	DISEASES OR CONDITIONS, if ony, Due TO, OR AS A CONSEQUENCE OF:	
S G S S G S G S G S G S G S G S G S G S	underlying condition lost.	
DI D		
. 7.5 - 3 - 6	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
RA MAN	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA  O DISEASE OR CONDITION GIVEN IN PART 1 (AP)	
APPROVRD: UNERAL  c thief med by a medii by a medii by burn the physician w ore the rem	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
By ch		
F 5 2 5 9 9	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg, INJURY OCCUR?	
P > ± e f Z e		
d b osp ttur (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  White At Description of While Description of While Description of While Description of White At Description of White Description of	
A de	Work At Work	
pro the an	22. I certify that (1) (this haspital) attended the deceased from 4:45 p.m. 271968 to 12:50 AM: 19 6	/
of ap to ap h);	that (I) (we) last saw the deceased alive on 3/28 and that In (my) (our) opinion death occurred an the	dote
	and haur and fram the couses stated abave, (1) (We) (did) (did not) view the body ofter death.	
ust be tased dent ospit deat	23A. SIGNATURE 23B. DATE SIGNED	/
30.560	Some Med. Staff Director Director Director 2/28/68	
0 0 0 5 >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Baltimore City Hospitals	
rificate m y was rel 1) An acci 2.A. at a l d prior to	Philip G. Coleman pegast 940 Eastern Avenue, Baltimore, Maryland 21221	4
	24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote	ie)
Sod OD. OD.	Burial 3-2-68. Sacred Heart Cemetery 7401 German Hill Rd.Ba.Co., Market Rd. Ba.Co., Marke	d.
This certif the body shows: (1) was D.O deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 6224 Eastern Ave.	
サギャッション	Balto, 21224, Id.	
	VS 150-REV. 1/1/68	



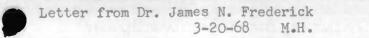
NATH NO. 630 68- 2434 CERTIFICA	ATE OF DEAT		. 68- 2434
M.E. CASE NO.  1, NAME OF DECEASED		TE AND HOUR OF DEA	
Type of Print NANNIE BERRETT.	2.04	2-28-	
PLACE OF DEATH IN BALTIMORE, MARYLAND		(Where deceased lived, I	f institution: residence before admissi-
FILL MAAR OF All and in broaded as institution and appear	Maryland	Howar	A G 62.0
FULL NAME OF (II not in hospital or institution, give steet oddiess or location) INSTITUTION			te RURAL ond give township)
31/ Bon Secours Hospital	Elkridge	) 21	227
34 Son seates Hospi VII	D. STREET ADDRESS	(If rurol, give location)	0
		ockburn Hi	
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthelox)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTI	9-9-1884 RY 11. BIRTHPLACE (Stote	83	12, CITIZEN OF
one during most of working life, even if retired)	Λ ,	1	WHAT COUNTRY?
Homemaker	MARYIA		USA
B. FATHER'S NAME	14. MOTHER'S MAIDE	NAME	
James Cuetis Derrett (Clea.)	JURIA	HILLIPHINI	Katherine R. Durk
es, no oi unknown) (III yes, give wor or dotes of service)	17. INFORMANT	5567	ADDRESS 212
No 219-32-0290	Anita J. H	Berrett, 5566	Rockburn Hill Rd.
	OF DEATH pulme	mary emb	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	aci.	· / fina	12 levers
LEADING TO DEATH (This does not mean the made of dying, e.g.,	1500 56	of median	) 2 /
heart failure, asthenia, etc. 11 means the disease,		/	
injury ar camplicolian which coused death.)	once CHF.		
DUE TO		්ට පැති රා සහාස පැත්තිම මාතිමක් මිනි සැර පස සුසුදෙනා සැතියි පැති ම නිස් විශේණ විශේණ	<b></b>
DISEASES OR CONDITIONS, if any, giving rise to the obove couse IA) sloting the (C)			
UNDERLYING CONDITION last.			
434,1		0	1 2
TO THE DEATH BUT NOT RELATED TO THE CONTRIBUTING	ua, paucrea	, or pand	hopina!
DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes		RE FINDINGS CONSIDERED
WAS PERFORMED	ye	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, loctory, street,	in or obout 21 C. WHERE I	OID (If in Boltin	nore City, give exact location)
DEATH (notify medical examiner)	omes sings, into an order	o k.	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY (APPROX.) While A1 Not W	hile		
	19-1/19	10 . 2/	28/68 5.40 .d.
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an 2/28/68 5/4	10 /10 y		19
		,	apinian death accurred an the
and hour and fram the causes stated above. (I) (We) (did) (did not)	view the body ofter d	eath.	Took DATE CLONES
Mohamacle M.D. A	Hending Med.	Stoff 6	23B. DATE SIGNED
	hys. Director	Phys.	2/28/68
23C.PHYSICIAN'S NAME (Type)	23 D. ADDRESS	1	
MoHAMHO! M.		Cours Hos	7
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY	24D. LOCATION	(City, lown, or county) (Stote
Burial 3/2/68 St. Augustine's	Cemetery	Elkridge	Md.
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
MAD A 1968 P. O. of E. Farbura	Hubbard	Funeral Ho	me 4107 Wilkens
S 150-REV. 1/1/65			

Chilliania aray

Court Assert (till) Franch and C

Second grands

7)	1.12	CO.	- 9495						
BIRTH NO	010	00.	- 2435	CERTIFICA	TE OF DE	ATH	REG. NO	05	2435
	OF DECEASED	JOHN	J.	PEERBOOM	4	February			12 A
HOSPITAL	ON	ATE	LAME	NDED	A. USUAL RESIDI	B. COUNTY  nd E  N  ille	Baltimo	0	_
7	7-0				1904 Tad	deaster Ro	ad		
5. SEX Male	6. RACE Whi		MARRIED X	NEVER MARRIED DIVORCED	9-19-191	9. AG	E (In years	II Und Month	der 1 Yr. II Under 24 s Doys Hours Mir
10A, USUA done during	L OCCUPATION ( most of working life	Give kind of work 1	108. KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign cou	-		TIZEN OF WHAT COUN
	l Fab		Westing	nouse	Netherl				J.S.A.
13. FAIRE	Jan	L. Pe	erboom		14. MOTHER'S M	cia A. Ro	uschop		
	eceosed Ever in U unknown) (II yes, g		of service)	6. SOCIAL SECURITY NO. 42-54-5485	Mrs. Pear	rl J. Peer	boom,	1904 I	ADDRESS 21228 adcaster Rd.
hearl injury		elc, It meons to which coused of DENT CAUSES	the disease, death.)	(0)	A CONSEQUENCE C				
NOTHER TO THE DISEASE	foilure, osthenio, or complication  ANTECED  ASES OR CONI  Io the above ERLYING CONDI  20.1  RIGHIFICANT CO  SE DEATH BUT NO SE OR CONDITION	elc, it means to which coused to DENT CAUSES DITIONS, if or couse (A) : ITION last.  II ONDITIONS CONDITIONS C	the disease, death.)  ny, giving stoting the  ITRIBUTING E TERMINAL 1 (A).	(B)	A CONSEQUENCE	OF:	IF YES WED	E SINDING	CONSIDERED.
NOTHER TO THE DISEASE	foilure, osthenio, or complicotion  ANTECED ASES OR CONII to the above ERLYING CONDII  20.1  RSIGNIFICANT COME DEATH BUT NO	elc, it means to which coused to DENT CAUSES DITIONS, if or couse (A) : ITION last.  II ONDITIONS CONDITIONS C	the disease, death.)  ny, giving stoting the distribution of ETERMINAL   (A), MITTON FOR WH	(B)	A CONSEQUENCE C	OF:	IF YES, WER	E FINDING	S CONSIDERED DEATH?
NO DISEANISE UN DI SEANISE UN DI SEANISE UN DI SEANISE UN DI SEANISE DI SEANISE DE SEANI	foilure, osthenio, or complication  ANTECED  ASES OR CONI  Io the above ERLYING CONDI  20.1  RIGHIFICANT CO  SE DEATH BUT NO SE OR CONDITION	elc, It meons it which coused of DENT CAUSES DITIONS, if or couse (A): ITION last.  II DINDITIONS CONDITIONS C	the disease, death.)  ny, giving sloting the litributing E TERMINAL 1 (A). Sition FOR WHORMED	(B)	A CONSEQUENCE  A CONSEQUENCE  20 A. AUTOPSY	OF:  ? (Yes or No) 208, IN (	CERTIFYING C	AUSES OF	S CONSIDERED EDATH?
NOTE OF THE PROPERTY OF THE PR	foilure, osthenio, or complication  ANTECED  ASES OR CONI  Io the above  ERLYING CONDI  20.1  RIGHIFICANT CO  SE OR CONDITION  ACCIDENT WAS CONTRIBUTING  M (notify medical  JURY   IME (Month)  JURY	elc, It meons it which coused of DENT CAUSES DITIONS, if or couse (A): ITION last.  II DINDITIONS CONDITIONS C	the disease, death.)  ny, giving stoting the litributing E TERMINAL 1 (A). DITION FOR WHORMED	(B)	20 A. AUTOPSY	OF:  ? (Yes or No) 208, IN (	(If In Baltim	AUSES OF	DEATH?
NOTHER TO THE TO	foilure, osthenio, or complication  ANTECED  ASES OR CONII  IO THE OBOVE  ERLYING CONDII  20.    RIGHIFICANT CONE  DEATH BUT NO  SE OR CONDITION  ACCIDENT WAS TO  ONTRIBUTING ON  THE OF OPERATION  ACCIDENT WAS TO  ONTRIBUTING ON  THE ONTRIBUTING ON  THE (Month)  JURY  OX.)	elc, it means to which coused to DENT CAUSES DITIONS, if or couse (A) ::  IIION last.  IIION las	ny, giving sloting lhe  ITRIBUTING E TERMINAL   (A).  INTION FOR WHORMED  21B. PL home, etc.)  (Hour) 21E. IN While Work	(B) DUE TO, OR AS  (C) HICH OPERATION  LACE OF INJURY (e.g., in lorm, foctory, street, of NJURY OCCURRED  At Not White At Work deceased from	20 A. AUTOPSYS	OF:  ? (Yes or No) 20B, IN ( ERE DID OCCUR?  W DID INJURY O	(If In Baltim	ore City, g	Ive exoct location)
NO THER UNDO THE POST OF THE P	foilure, osthenio, or complication  ANTECED  ASES OR CONI  Io the above  ERLYING CONDI  20.    RIGHIFICANT CO  ISE DEATH BUT NO  SE OR CONDITION  ACCIDENT WAS IO  ONTRIBUTING  H (notify medical of the control of the	elc, it means to which coused to DENT CAUSES DITIONS, if or couse (A) :: ITION last.  II ONDITIONS CONDITIONS	ny, giving sloting lhe  ITRIBUTING E TERMINAL 1 (A).  ITRIDUTING E TERMINAL 1 (A).	(B) DUE TO, OR AS  (C) HICH OPERATION  LACE OF INJURY (e.g., in lorm, foctory, street, of NJURY OCCURRED  At Not White At Work deceased from	20A. AUTOPSY	OF:  ? (Yes or No) 208, IN ( ERE DID OCCUR?  W DID INJURY O	(If In Baltim	ore City, g	Ive exoct location)
NOLY OTHER TO THE TO TH	foilure, osthenio, or complication  ANTECED  ASES OR CONII lo the above ERLYING CONDII  20.    RIGHIFICANT CO. HE DEATH BUT NO. SE OR CONDITION  ACCIDENT WAS (ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING (Month) JURY OX.)  Certify that (I) (II) (we) last saw aur and fram the IMMATURE	elc, it meons it which coused to DENT CAUSES DITIONS, if or couse (A) :: ITION last.  II ONDITIONS CONDITIONS	ny, giving sloting lhe  ITRIBUTING E TERMINAL 1 (A).  ITRIDUTING E TERMINAL 1 (A).	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) HICH OPERATION  LACE OF INJURY (e.g., in lorm, foctory, street, of lorm, foctory, street, street	20 A. AUTOPSYS n or obout 21C. WH ffice bldg., INJURY 21F. HOVe 21F. HOVe when the bady aft anding Mers.	OF:  ? (Yes or No) 20B, IN C  ERE DID OCCUR?  W DID INJURY O  and that in ( rer death.	(If In Baltim	e 28	DEATH?
NOTHER UNDO THE PROPERTY OF INTERPRETATION OF IN	foilure, osthenio, or complication ANTECED  ASES OR CONII Io the above ERLYING CONDII  20.    RIGHIFICANT CO. HE DEATH BUT NO. SE OR CONDITION OATE OF OPERATION OATE OF OPERATION OATE OF OPERATION (Month) JURY OX.)  Certify that (I) (We) last saw incur and fram the MGNATURE  HYSICIAN'S AMERICAN OF COMPLETE OF OPERATION OF OPERATION OX.)	elc, it meons it which coused to DENT CAUSES DITIONS, if or couse (A) :: ITION last.  II ONDITIONS CONDITIONS	the disease, death.)  ny, giving stoting the disease death.)  ITRIBUTING ETERMINAL 1 (A).  DITION FOR WHORMED  21B. PL home, etc.)  (Hour) 21E. IN While Work attended the dive an ed abaye. (I) (	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) HICH OPERATION  LACE OF INJURY (e.g., in lorm, foctory, street, of lorm, foctory, street,	20 A. AUTOPSYS n or obout 21 C. WH ffice bldg. INJURY of 21 F. HOVe e 19 68 view the bady aft anding Mec 23 D. ADDRESS	Price or No. 208, th. (Control of the control of th	(If In Boltim	28 plnian de	Ive exoct location)  19 19 6 ath accurred an the
NO THE POLICE TO	foilure, osthenio, or complication ANTECED  ASES OR CONII Io the above ERLYING CONDII  20.    RIGHIFICANT CO. HE DEATH BUT NO. SE OR CONDITION OATE OF OPERATION OATE OF OPERATION OATE OF OPERATION (Month) JURY OX.)  Certify that (I) (We) last saw incur and fram the MGNATURE  HYSICIAN'S AMERICAN OF COMPLETE OF OPERATION OF OPERATION OX.)	elc, it means to which coused of which coused of the couse of the couse of the couse (A) is couse of the couses state which couses of the couses state which couses of the couses state which coused to the couse of the couse	ny, giving sloting the disease, death.)  ny, giving sloting the distribution of the disease, death.)  ITRIBUTING E TERMINAL   1 (A).  DITION FOR WHORMED  21B. PL home, etc.)  (Hour) 21E. IN While work attended the dive an ed aboye. (I)	(B) DUE TO, OR AS  (C) HICH OPERATION  LACE OF INJURY (e.g., if form, foctory, street, of the form, foctory, street, of the form, foctory, street, of the foctory	20 A. AUTOPSYS n or obout 21C. WH ffice bldg., INJURY of 21F. HOVe 21F. HOVe 23D. ADDRESS 1311	Prancis A	(If In Boltim  CCUR?  to 2  my) (ever) a	28 plnian de 238. D. 238. D. 238. City, town,	thorpe, Md.  (Sto



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

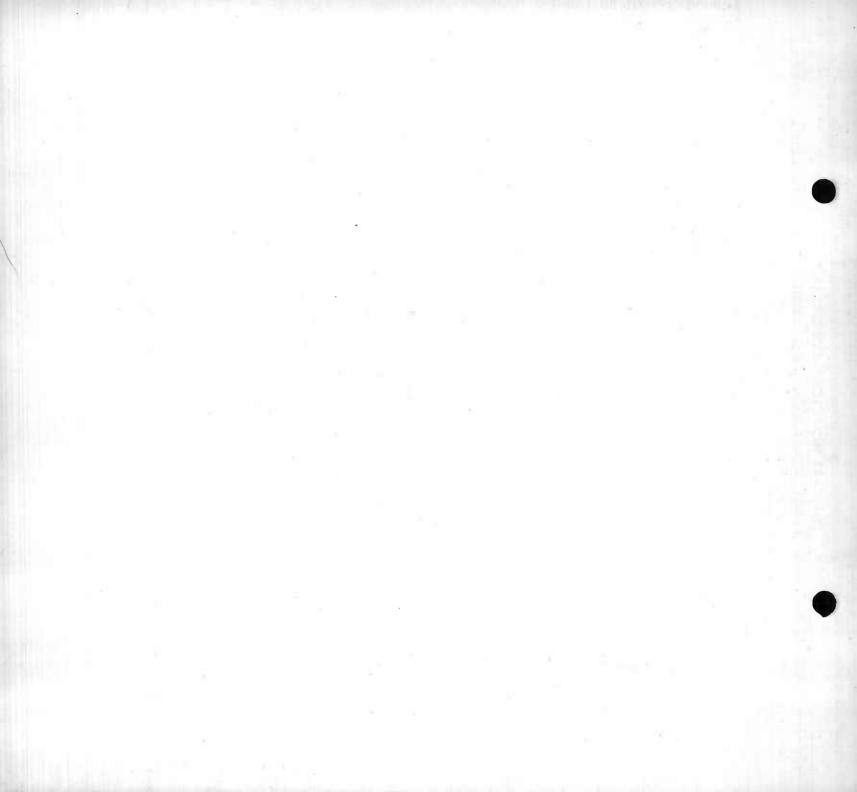
A Team, would be a select than the 

La la de la compansa de la compansa

2 BALTIMORE CIT	Y HEALTH DEPARTMENT
68- 2437 CERTIFICA	ATE OF DEATH REG. NO. 68- 2437
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	Manual 2 10/0
Kenneth G. Bromwell  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	March 2, 1968 M.  [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore (a), 53.00
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	Baltimore YES X NO
7 7 41 77 77	E. STREET AND NUMBER
/ Lutheran Hospital	2227 Southland Road # 7
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months Doys Hours Min.
Male White WIDOWED DIVORCED	12-5-1906 61
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)	
Salesman	Baltimore USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry C. Bromwell	Sara Wooden
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
NO 215-07-1822	Hilda J. Bromwell-2227 Southland Rd. #7
18. 412.91 CAUSE OF DEAT	PULMONARY EDEMA BETWEEN GISET AND DEATH
DISTRICT ON CONDITION DIRECTED	1/2 hour
(This does not meon the mode of dying, e.g.,	USE
	A CONSEQUENCE OF:
injury ar camplication which caused death.)	cardial INFARCTION 16 years
ANTECEDENT CAUSES	ORONARY ATHEROSCLEROSIS
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION last, (C)	
- 420.1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	VONE
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION WAS PERFORMED  19A. ACCIDENT WAS UNDERLYING 1218, PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IN ME	// 0
	in or obout 21C. WHERE DID (If in Boltimore City, give exact facation) office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At E Not Whi	
(APPROX.) Work At Work	
22. I certify that (1) (this hospital) attended the deceased fram	9-8 1962 10 3-2 1968,
that (1) (we) last saw the deceased alive on 3 ~ /	19.68 and that in (my) (arr) apinion death accurred an the date
and hour and fram the couses stated above. (1) (We) (did) (did nat)	view the hady after death.
23A. SIGNATURE	23 B. DATE SIGNED
10 // // // //	hending Med. Staff 3-2-68
GEGREE Phy	7
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	5907 GWYMN OAK AUE . 21207
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Purial 2.4.1069 Tamping Carret	
Burial 3-4-1968 Lorraine Cemet	tery Baltimore, Maryland
Burial 3-4-1968 Lorraine Cemet	

No. 2 de la constanta de el

R-260 68-2	BALTIMORE CITY	HEALTH DEPARTMENT		55- 2438
	CERTIFICA	TE OF DEATH	REG. NO	
BIRTH NO.			D HOUR OF DEATH	
Type or Print)	DOLPH REI	US 33	68 1.	35 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHÉRE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where		stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	M d	INC	DE CITY LIMITS?
NSTITUTION	1111110	Baltimer	W. 11431	YES NO T
10 Maryland Johne	ral Hospital	E. STREET AND NUMBER		`
0	4	5507 hay	me. Aven	& Balto Ma
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
Male White WIDE	OWED DIVORCED	2126/85	83	
OA, USUAL OCCUPATION (Give kind of work 10 B, Kt	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTR
Optician		Coesanon	+-Balt	U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E C	,
George Reus		Adeline	Zuityon	10
5. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give wor or dotes of se	16. SOCIAL	17. INFORMANT	9	ADDRESS
Ala	SECURITY NO.	Folia A Ro	· Das	-210
18. 4. 1/2 4	CAUSE OF DEAT	H CNA A NEC	5- 3741	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH		Cardinge	was show	che
(This does not meen the mode of dying,		A CONSEQUENCE OF:		
heart toilure, osthenio, etc. Il means the di injury or complication which coused death.	seose,			
ANTECEDENT CAUSES	A	to Miland	1. 02.1	2-11-
- A 1/4 A	(B)	A CONSEQUENCE OF:	4	300
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sloting	grring	A CONSEQUENCE OF		171 MINE
UNDERLYING CONDITION lost.	(c)			
42011 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o		,	., ,
O 21 D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whil	e 🗖		
(APTROX)	Work At Work		40.0	1 1
22. I certify that (1) (this hospital) atten	ided the deceased from	3 2 1	968_to	3 3 1966
that (I) (we) last saw the deceased oliv	e an3	13 196x and the	it In(my) (our) opl	nion deoth occurred on the do
and hour and from the couses stated ob	ve. (1) (We) (did) (did not) v	riew the body ofter death.		
23A. SIGNATURE			A	23B, DATE SIGNED
( Swaret	Phys		Staff Phys.	
23 C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
NAME (Type)	NAROOP	Md le	Mospita	0
24A. BURIAL CREMATION, 24B. DATE	DEGREE	EMATORY 124D 15	CATION	ity, town, or county) (State)
REMOVAL (Specify)	ACTION OF CEMETERS OF CR	1 1	2	/ (Store)
BURIAL 2-6-68	Wood LAWN	l'emeteru D	ALto M	d
and the second s	AME OF REGISTRAR	25C. FUNERAL DIRECTO	1	ADDRESS
MAR 4 1968 OLL 62.	tabey MA	Elsworth HK	macost -4	+600 Libert Hent
VS 150-REV. 1/1/68			1	7



VS 151-REV. 1/1/68

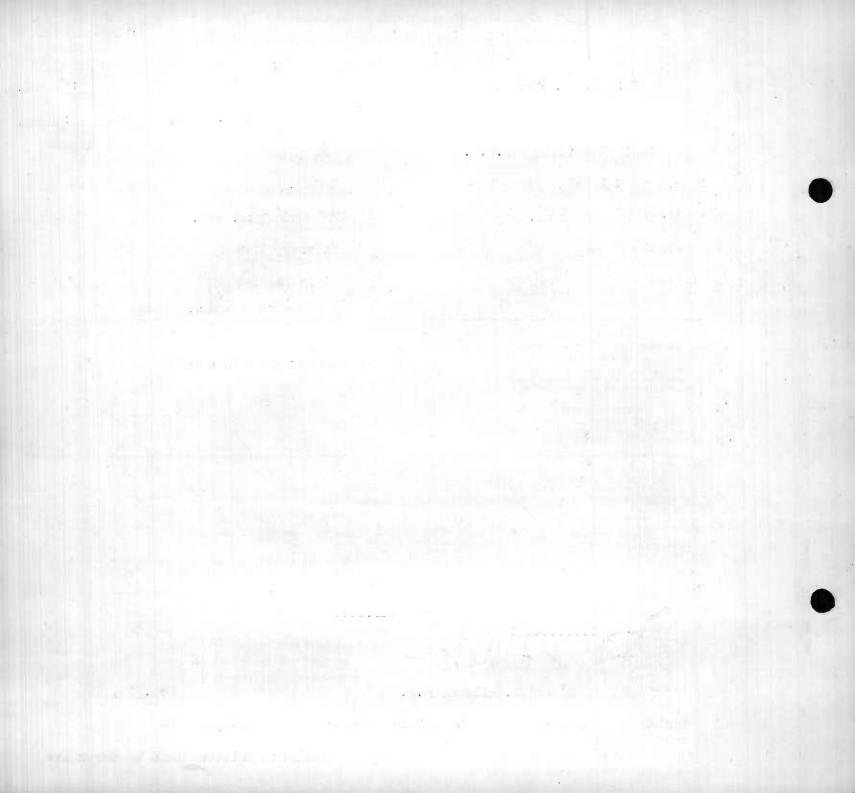
V.S. 153 3-5-68 M.H.

V-525

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 2440
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
JOHN VENCKUMAS	DEATH Estimoled   March 2, 1968 8:30 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	March 2, 1968 8:30 P.M.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1005 Bayard Street	A. STATE  B. COUNTY  Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED	Baltimore 7 Ks No No
9. DATE OF BIRTH 2-1-1899  10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Doys Hours 1 Min. 1 Min	
	1005 Bayard Street
11. BIRTHPLACE(Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Lithuania	Jurgis Venckunas
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	
Maintanance Hotel	Juodikis
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	A Ignas Venchunas, 1005 Bayard St
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Retrop	eritenal hemorrhage
LEADING TO DEATH	
	AS A CONSEQUENCE OF:
Acut	e Hemorrhagic Pancreatitis
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	WINDOWS SOCIED WINDOWS CONTROL OF STREET STR
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	Metamorphosis of Liver
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED [21. AUTOPSY? (Yes or No)
O )	
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	Yes
	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	
(APPROX.) WHILE AT NO WORK AT 1	T WHILE
	utapsy KK and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suici	
	CHIEF MEDICAL EXAMINER
ACTUAL A LA	ASSISTANT MEDICAL EXAMINER
SIGNATURE Ronald N. Kornblum, M.D.	3_3_68
EXAMINER'S ROTTED IN THE PARTY OF THE PARTY	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER'S REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3-5-68 Loudon Park Co	Frederich A. Que and
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Thomas J Kenny Inc 1600 Hollins St
MAR 4 1968 Poleut E. Farbujua	Thomas & Kenny Inc. 1600 Hollins St
VS 151-REV. 1/1/6B	1

Tento and talk to pare

VS 151-REV. 1/1/68



68- 2442 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Known | Month Dov Hour Year (Type or Print) OF JAMES Estimoted March 2, 1968 12:39 AM. EVANS DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 13 DATE Month Dov Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET March 2, 1968 12:39 A ADDRESS OR LOCATION) HO5PITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY SOUTH BALTIMORE GENERAL (DOA) A. STATE Maryland D. INSIDE CITY LIMITS? 6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN Male Negro Baltimore WIDOWED DIVORCED YES X NO 9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 710 -2nd Street lost birthdoy) 32 Months, Doys, Hours, Min. 3468 Charles Court Annapolis 11. BHILLIAGE (S) e or foreign country) CIZIZEN OF 13. FATHER'S NAME. 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR WIDUSTRY 15. MOTHER'S MAIDEN NAME done during most of yorking life, even ifretired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES 18. INFORMANT SOCIAL SECURITY NO CAUSE OF DEATH BETWEEN ONSET AND DEATH Shotgun wound of abdomen DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFI DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED Yes 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 22A. **EXTERNAL CAUSE WAS** UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH Street 3300 Block Remley Avenue (Hour) 22E.INJURY OCCURRED OF INJURY 22F. HOW DID INJURY OCCUR (Doy) WHILE AT NOT WHILE Subj. shot during argument (APPROX.) 23. Autopsy X and that on this basis, death In my opinion I certify that I held on Inquiry Inspection resulted from: Notural couses Accident Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S 3-2-68 NAME (Type) 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify)

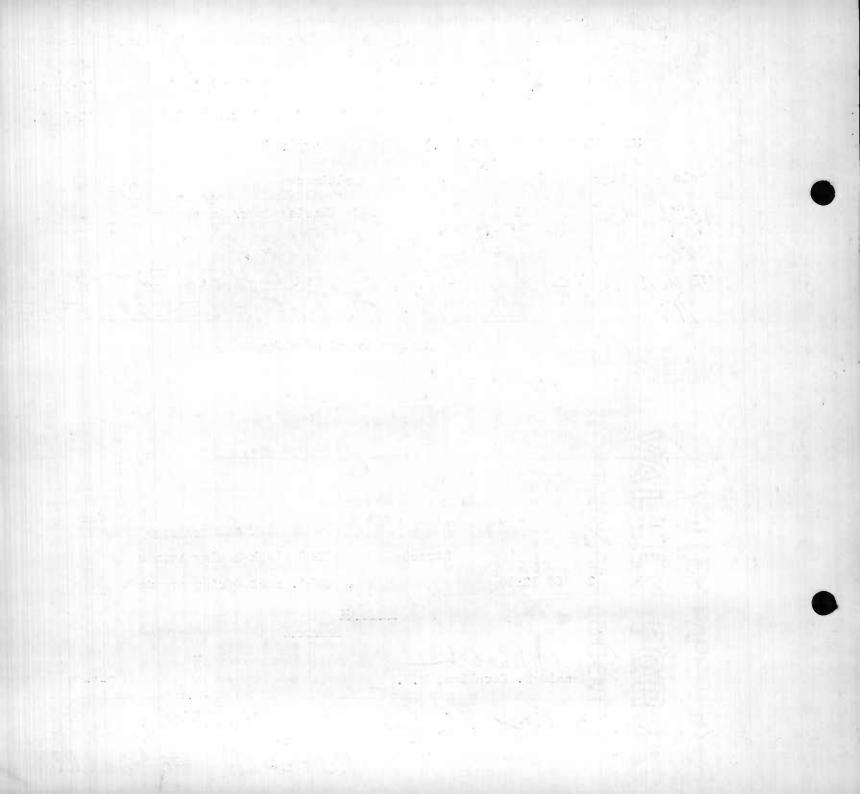
25C. FUNERAL/DIRECTOR

PORESS

VS 151-REV. 1/1/6B

DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR



1-200	) (	00-	2443	BALTIMORE CITY	HEALTH DEPA
		AAE	DICAL E	VALAINIEDIC	CEDTIE

1	7-20	M	EDICA			CERTIFICATE OF DEATH REG, NO. 68- 2443
	TH NO.					
1. N	AME OF DE		11	WE C		2. DATE Knawn Manth Doy Year Haur
		ILLIE		AYES	HAYNES	DEATH Estimoted   February 29, 1968   1:30 P. M
		TIMORE, MARYLAN				3. DATE Manth Doy Year Hour
	NAME OF	(IF NOT IN HO	SPITAL OR IN LOCATION)	istitution, G	IVE STREET	PRONOUNCED DEAD February 29, 1968 1:30 P. N
ORI	NSTITUTION			T (DOA)		5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
	1	PROVIDENT H	IOSPITA	L (DOA)	)	A. STATE Maryland B. COUNTY
6. S	EX	7. RACE	8. MA	DDIED AIE	VER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
F	emale	Negro		_		Raltimore
	ATE OF BIRT			OWED	DIVORCED L	YES INO
-	-2 -	d I and his	GE (In years irthday) 62	Manths D	Yr. If Under 24 Hrs. ays Haurs Min.	713 Reservoir Street
11.1	A/ C	State or fareign cauni	try)		COUNTRY?	13. FATHER'S NAME
14A.	USUAL OCCI	IPATION (Give kind of	work 14B. KII		S . M	Y 15. MOTHER'S MAIDEN NAME
		working life, even if ret				?
		ED EVER IN U.S. AF			OCIAL ECURITY NO.	18. INFORMANT ADDRESS
(100	THO OT WILKING WI	Mil yes, give wor or c	10163 01 361 11	,	ECORITI NO.	Blanche Richardson 1326 Edison High
	9.4	5 5/ .			CAUSE OF DEA	TH APPROXIMATE INTERVAL
	7/9				Antoni	BETWEEN ONSET AND DEAT
	DISEAS	E OR CONDITION LEADING TO DEAT			ALCELL	oscierotic Gardiovascular Disease
	(This daes i	nat mean the made			(A) IMMEDIATE	CAUSE  AS A CONSEQUENCE OF:
	heart failure	, osthenio, etc. It mea	ns the discose	,	DUE TO, OK	AS A CONSEQUENCE OF:
	injury or cu	inplication with cause	o dedii.,			
	DISEASES RISE TO TH	NTECEDENT CAUSE OR CONDITIONS, IF E ABOVE CAUSE (A	ANY, GIVIN	IG IE	(B)DUE TO, OR	AS A CONSEQUENCE OF:
z	UNDERLYI	NG CONDITION LA	AST.		(c)	
은	422.	/ 11	_			
CERTIFICATION	TO THE DE	AIFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN	D TO THE TER	MINAL		
R		F OPERATION 208.			H OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	1					Yes
4	22A. EXTER	NAL CAUSE WAS		TOOR DIACE	OF INTUIDY/A A	In or obout 22C. WHERE DID (If in Baltimare City, give exact location)
EDIC	UNDERLYING CA	GOR CONTRIB-		home, farm	, factory, street, affic	e bldg., etc.) INJURY OCCUR?
		(Manth) (Day)	(Year) (H	22E.IN.	JURY OCCURRED	22F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.)			m. WHILE A	TON NOT	WHILE
	23.			m. WORK	LJ AIV	YORK
	I cer	tify that I held an	Inquiry	Inst	pection Au	tapsy 🗵 and that an this basis, death In my apinian
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	resul	ted fram: Natural	causes X	Accide	ent L Suicio	
	ACTUAL	0.	11111	, 1.		CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNAT	LIDE / MUSICA	14 pa	Mil	M.D	ASSISTANT MEDICAL EXAMINER X
	EXAMIN	ier's Ron	ald N.	Kornb1	Lum, M.D.	ASSOCIATE MEDICAL EXAMINER 3-1-68
	NAME (	Туре)			, 11,00	
	BURIAL CRE		TE,	24C. NA	ME of CEMETERY	ar CREMATORY (City, fawn, or county) (State)
KEA	OVAL (Spec	(4)	-168	Can	buties	mem. PR Orbutus, mo
1	DUKIH	L 0/3	100	NAME OF S	COCCUPAC	an man
25 A		BY HEALTH DEPT.	6 E 3	NAME OF R	EGISTRAR	25c. FUNERAL DIRECTOR ADDRESS OSEPH S. LOCK V 1304 n. Central Jo
VS I	51-REV. 1/1/6					

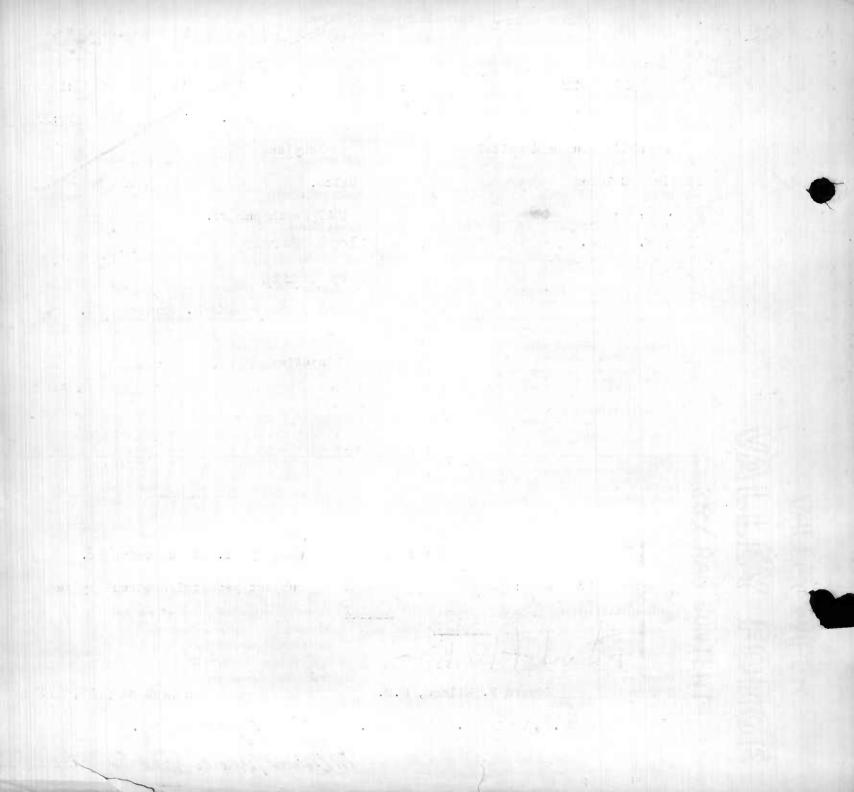
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Select 10 0 0 129 168 16 2/29

68- 2445 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINEK 3	CERTIFICATE	OF	DEATH	REG. NO.	C'1
MEDICAL	EVALAINIEDIC	CEDTIFICATE	OF	DEATH	68	24

			MED	ICAI		AMINER'S			OF DEA	TH REG. NO.	68-	2445
=	RTH NO.	FACED					No same		7			T.
	NAME OF DEC						2. DATE OF	Known 🗔		Doy	Yeor	Hour
			ATTS				DEATH	Estimoted	6	28		58 10:55 ам.
	PLACE IN BAL						3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
HC	IL NAME OF SPITAL INSTITUTION	(IF NO ADDRE	SS OR LOCA	TION)	STITUTIO	N, GIVE STREET			Feb.	28 lived. If institution		10:55am.
B.	Fran	klin S	auaro 1	Joani	t-1		A. STATE	Ma 1	a	B. COUNTY		
6	SEX	7. RACE	quare	19			I C. CITY O	Mary lan	.u	D. INSIDE C	TIMIT VII	52
			,			NEVER MARRIED				1		4
_	Female	Color			WED		Bal			1 X Y	ES-IX	NoL
	Jan. 25,		10. AGE (In	y veors		er 1 Yr. If Under 24 Hrs s   Doys   Hours   Min		and numbe 27 Sarah		. 0		And the second of the second o
_	BIRTHPLACE (S		n country)		12. CI	TIZEN OF	13. FATHE		211121 00	•		
	Balto.					HAT COUNTRY?	Lloy					
dor	USUAL OCCU	PATION (Giv	e kind of work	14B. KIN	D OF BI	USINESS OR INDUSTR	NY 15. MOTH					
	Domesti						Mary	Truit	t			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S?	7. SOCIAL	18. INFOR			Δ	DDRESS	
(Ye	s, no or unknown	(If yes, give	wor or dotes	of service	e)	SECURITY NO.	Lloy	d Farm	er 900	N. Mor	roe	St.
-	19.	1 11 1	1			CAUSE OF DEA		2002 111	/ / /	210 2201	11 00	APPROXIMATE INTERVAL
	DISEAS	E OR COND LEADING TO	DEATH			(A)IMMEDIATE		[nju£ies			88	etween onset and death
	heort foilure	ot meon the , osthenio, etc nplication whi	. It meons the	diseose,		DUE TO, OR	AS A CONSE	QUENCE OF:				
2	DISEASES O	NTECEDENT OR CONDITION E ABOVE CANDIT	ONS, IF ANY	, GIVING	9	(B)(DUE TO, OF	AS A CONS	EQUENCE OF:				
ERTIFICATION	TO THE DE	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	MINAL				ann marky (f), dyrilly see money dy ty apily dy'n meifendd (	2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
RT						HICH OPERATION V	VAS PERFOR	MED			21 AU	TOPSY? (Yes or No)
CE	-on DAIL OF	OI EKATIOI	200. CO	4DIIIOI	I OK V	THICH OF EXAMONY	AS ILKI OK	, inco			21. 20	
AL												YES
MEDICA	UNDERLYING UTING CA	USE OF DEA	TRIB-		home,	ACE OF INJURY(e.g. form, loctory, street, off Street	ice bldg., etc.)	Mulbe	rry St.	at Schr		st. /8-0/
2	OF INJURY	(Month) (E	Doy) (Yeo	·) (Hou	,	E.INJURY OCCURRED	5-	22F. HOW DIE	INJURY OC	CUR?		
	1 4 4	2 2	28 68	6:4	Oral W	ORK NO	T WHILE WORK	Subj	ect ped	estrian	struc	k by auto
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	resul	ted from	oloral cau	Ses	AC	cident A Suici	ue r					
	ACTUAL	51	1	1	-11	111000		CHIEF MEDIC				DATE SIGNED
	SIGNAT		-NA	J	V	M.	D. ASS	SISTANT MEDIC	CAL EXAMINE	R X		
	EXAMIN	ER'S					ASS	OCIATE MEDIC	CAL EXAMINE	R $\square$		
	NAME (1			ward	F.	Wilson, M.D						v 28, 1968
	A. BURIAL CREA	fy)	24B. DATE		240	NAME of CEMETER	or CREMAT	ORY	24D, LOCATIO		vn, or coun	nty) (Stote)
_	Burial					t. Zion C				downe M		
25	A. DATE REC'D	BY HEALTH	DEPT.	25B.	SAME C	OF REGISTRAR	250	Evan Diam	1 Tuner	al Han	address	1991 Schousen
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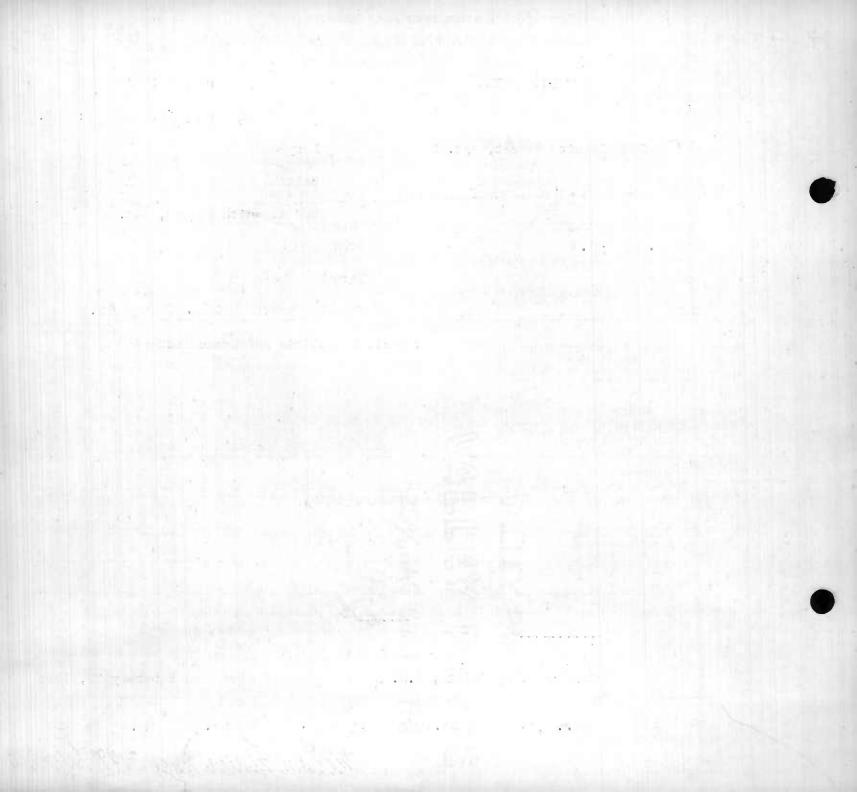


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68- 2446 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
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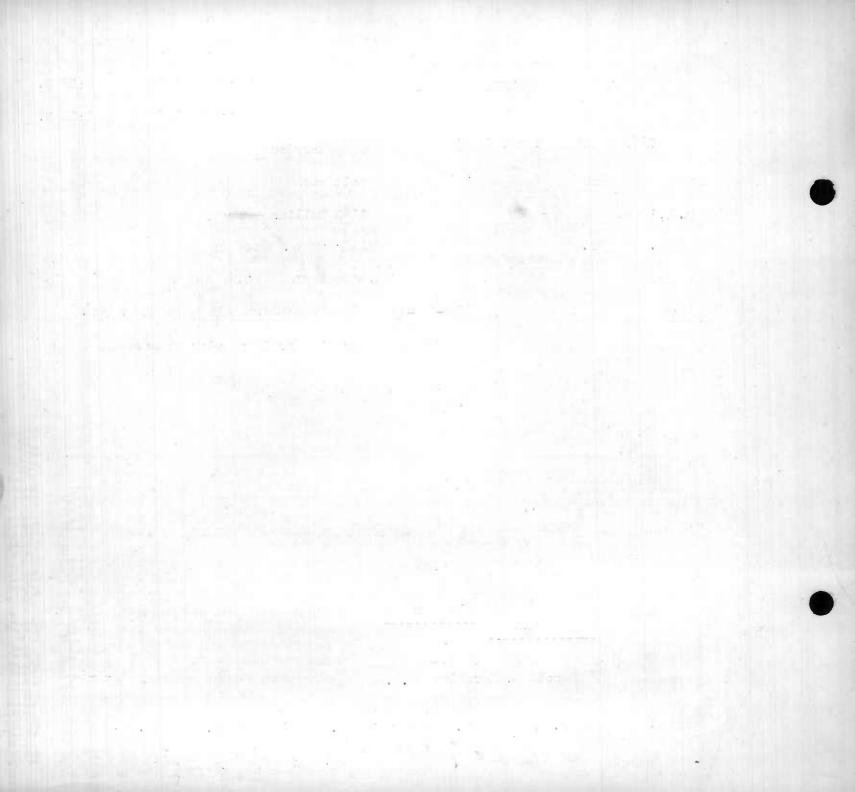
		65-	244	fp.	BALTIMORE CITY HE	ALTH DEPA	RTMENT			00	C	AAC	
		ME	DICA	L E	CAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	bö		440	<u>'</u>
I. NAME OF DE	CEACED					IIo DATE	Knawn X	10.01					
(Type or Print)		EATRI	ו יזר	HILL		2. DATE OF	Knawn 🔼 Estimated 🗆	Month	ary 28,	196		ur	
4. PLACE IN BA						DEATH 3. DATE	Estimated L	Month	Doy	Yea	_	115	М.
FULL NAME OF					N, GIVE STREET	11	JNCED DEAD						
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOC	ATION)			E LICHAL D	PEIDENICE /WA		ary 28,	_		:40 P	
1 1						A. STATE	ESIDENCE (Where		B. COUNTY		ice betare	e admissia	n)
		quith			Apt. 2A		Maryland		1	Allegan	San Maria	7	- Contract Co
6. SEX	7. RACE		B. MAR	RIED	NEVER MARRIED	C. CITY OR			D. INSIDE CI		57		No.
Female	Neg:		WIDO				Baltimor	е	YE	s X	NO		
9. DATE OF BIR	TH	10. AGE	(In years av)	If Un Manth	der 1 Yr. If Under 24 Hrs.	E. STREET	ND NUMBER						
		3.					200 Aisq	uith S	treet,	Apt.	2A		
11. BIRTHPLACE	(State or fareig	n country)			ITIZEN OF	13. FATHER	SNAME						
Balto.	Md	•		N	HAT COUNTRY?	John	Hill						
14A.USUAL OCC	UPATION (Give	kind of wor	148. KIN	D OF E	USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NAM	AE .				- 4-16	
Housew		an ii raiirea	'l			Carr	ie Lee						
16. WAS DECEA	SED EVER IN	U.S. ARME	DFORCE	5?	17. SOCIAL	18. INFOR	TANT		AI	DDRESS			
(Yes, na or unknow	n)(It yes, give w	or or date	s of servic	e)	SECURITY NO.	Ophel	ia Brown	430	N. Car	ev	St.		
19.	111				CAUSE OF DEA						APPROXI	MATE INTE	
7-1	1				Chron	ic bron	chitis an	d bron	chiecta		SETWEEN C	DNSET AND	DEATH
DISEA	SE OR COND LEADING TO		ECTLY				iciitets aii	d DIOI	CITTECTA	213			
(This does	not mean the	_	lying, e.g.,		(A) IMMEDIATE O	CAUSE AS A CONSEC	LIENCE OF:						
heort foilur	e, asthenia, etc.	It meons to	ne disease,										
	NTECEDENT		IV OUTLI	_	(B)	AS A CONSE	OHENCE OF						
RISE TO TH	OR CONDITION	JSE (A) ST	ATING TH	E	DOE 10, OK	AJ A CONSE	QUENCE OF:						
Z UNDERLY	ING CONDITI	ON LAST.			(C)								
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OTHER SIG	NIFICANT CON												
E DISEASE C	RCONDITION	GIVEN IN	PART I (A	).			*********						
20A. DATE C	OF OPERATION	1 20B. CC	NOITION	FOR	WHICH OPERATION W	AS PERFORM	ED			21. AL	JTOPSY?	(Yes or I	10)
1 di											Yes		
	RNAL CAUSE			22B. P	LACE OF INJURY (e.g., farm, foctory, street, office	in ar obaut	2C. WHERE DID (	If in Boltima	re City, give exa	ct lacatio	(חכ		
	AUSE OF DEA				, 10111, 101101, 111101, 0111								
≥ 22D. TIME		ay) (Ye	ar) (Ho	ur) 22	E.INJURY OCCURRED		2F. HOW DID IN.	JURY OCC	UR?				
OF INJURY (APPROX.)				m. W	HILE AT NOT	WHILE VORK							
23.				111.7 **	<u> </u>	,0,,,,							
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resu	Ited from: N	otural co	uses X	A	cldent Suicio	de H	omicide 🗌	Undetermi	ned monner				
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SIGNA	TURE C	arla		Spri	ngate, M.D.	).	CIATE MEDICAL E			ruar	77 29	, 196	8
NAME		larie		عميا	ingate, M.D.	ASSC	CIATE MEDICAL E	MAMINEK	L reb	Luar	y 2)	, 170	O
24A. BURIAL CR	EMATION, 2	48. DATE		240	. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tawr	n, or cau	inty)	(Stote)	
REMOVAL (Spe Burial		Wa-	. 7.00	D	97+0 37-4-		T. T.	207+0		4.3			
					alto. Natio		FUNERAL DIRECTO	Balto		Id. DDRESS			
25A. DATE REC'I			258.	4	90 0	250.	JONERAL DIRECTO	7	113/	ODKE33	non	16	1
MAI	196	20 00	1 mb	٤,	Farberna	1/1/	Kunn tu	Mello	Home	3/	17/	SAMO	MAS
VS 151-REV. 1/1/	5B							1	11				



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## MEDICAL EXAMINER'S CERTIFICATE OF DEATH ...... 68- 2447

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Month Doy Year Hour
(Type or Print) CHARLES JESSIE WOODEN	OF DEATH Estimoted   March 1, 1968   1:25 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION	PRONOUNCED DEAD March 1, 1968 1:25 P. M.
2163 Hollins Street (DOA)	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admisston)  A. STATE  B. COUNTY  Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days, Haurs, Min.	
Mar. 2, 1894 73	2163 Hollins America St.
11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
Balto. Md. WHAT COUNTRY?	William G. Wooden
14A.USUAL OCCUPATION (Give kind al work 14B. KIND OF BUSINESS OR INDUSTR	
dane during most of warking life, even if retired) Laborer	Georgeanna Webb
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na or unknown) (If yes, give war ar dates of service) SECURITY NO.	
BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease	
LEADING TO DEATH  (A)IMMEDIATE CAUSE	
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	/AS PERFORMED 21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No) NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.  22A. EXTERNAL CAUSE WAS  LINDERLYING CIOR CONTRIB	/AS PERFORMED 21. AUTOPSY? (Yes or Na) NO No in or about 22C. WHERE DID (if in Baltimare City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.  22A. EXTERNAL CAUSE WAS  LINDERLYING CIOR CONTRIB	/AS PERFORMED 21. AUTOPSY? (Yes or No) NO
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.)  3.  1 certify that I held on Inquiry Mork OF INJURY (APPROX.)  ACTUAL SIGNATURE FXAMINER'S RONALD N. KOrnblum, M.D.  ACTUAL SIGNATURE FXAMINER'S RONALD N. KOrnblum, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	AS PERFORMED    21. AUTOPSY? (Yes or Na)   No   No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.  UNDERLYING CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection X Au resulted fram: Natural causex X Accident Suici  ACTUAL SIGNATURE EXAMINER'S RONald N. KOrnblum, M.D. NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY	AS PERFORMED    21. AUTOPSY? (Yes or Na)   No   No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. LIVE (APPROX.)  1 Certify that I held on Inquiry Cappendry (APPROX.)  1 Certify that I held on Inquiry Inspection AT NO WORK  ACTUAL SIGNATURE EXAMINER'S RONALD N. KOrnblum, M.D. NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  BUT 18 I PART 1 (A).  25B. NAME OF REGISTRAR  25B. NAME OF REGISTRAR	AS PERFORMED  21. AUTOPSY? (Yes or Na)  NO  in or about 22C. WHERE DID (if in Baltimare City, give exact location)  INJURY OCCUR?  WHILE  22F. HOW DID INJURY OCCUR?  TWHILE  Ond that an this bosis, death in my apinion  de Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  24D. LOCATION (City, tawn, ar caunty) (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WORK UNDERLYING CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection A resulted fram: Natural causex A Accident Suici SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D.  ACTUAL SURVEY STATEMENT N. ACTUAL N. ACTUAL SIGNATURE EXAMINER'S RONALD N. KORNBLUM, M.D.  ACTUAL SURVEY STATEMENT N. ACTUAL N. ACTUAL SIGNATURE STATEMENT N. ACTUAL STATEMENT N. ACTUAL STATEMENT N. ACTUA	AS PERFORMED    21. AUTOPSY? (Yes or Na)   No   No



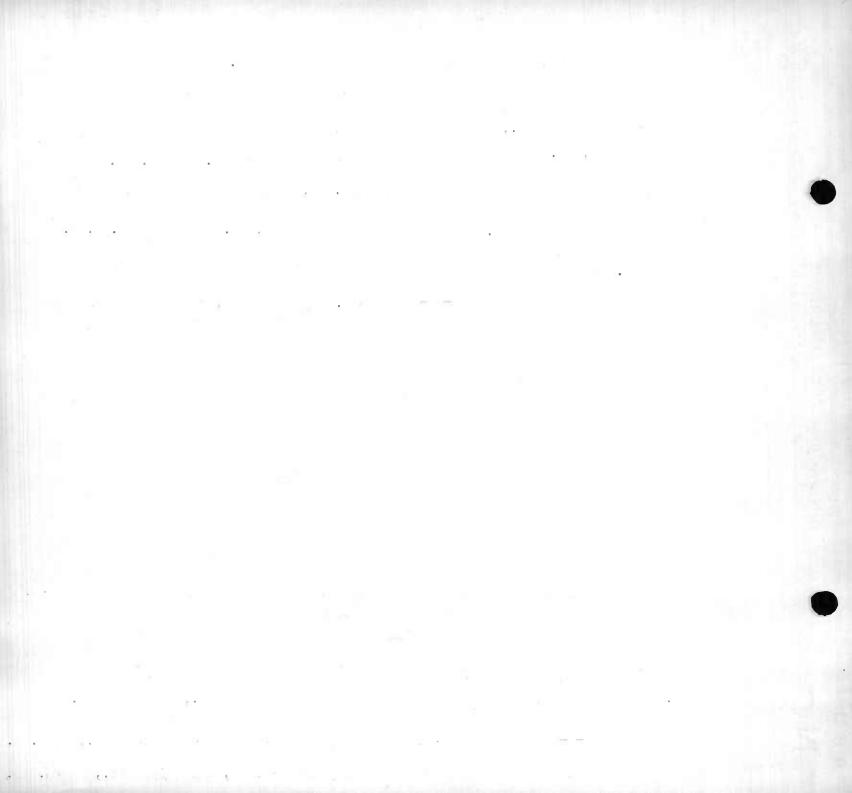
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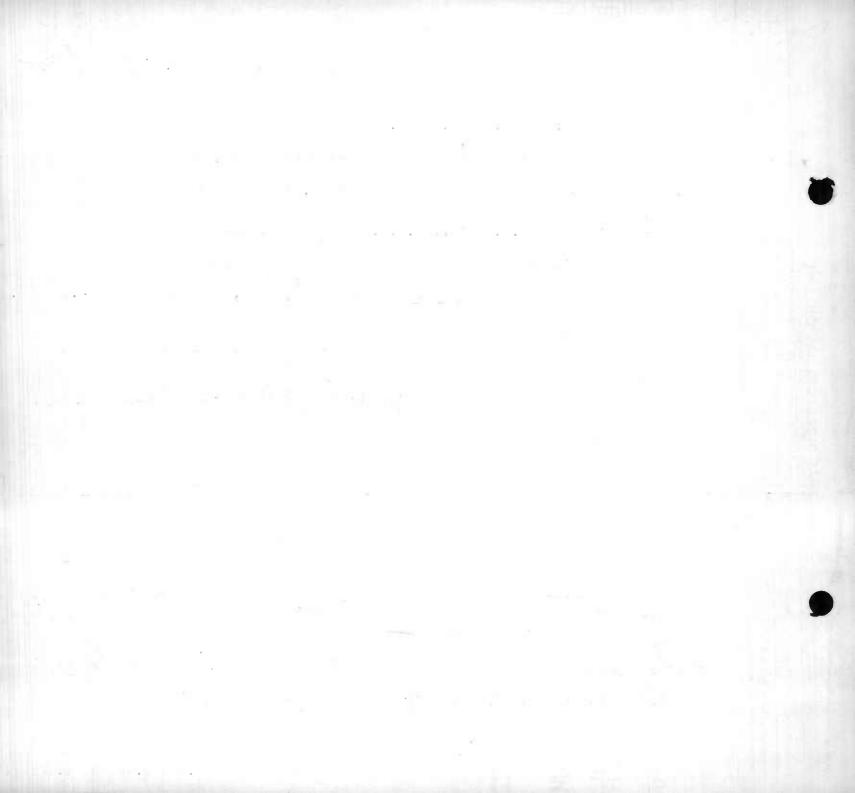
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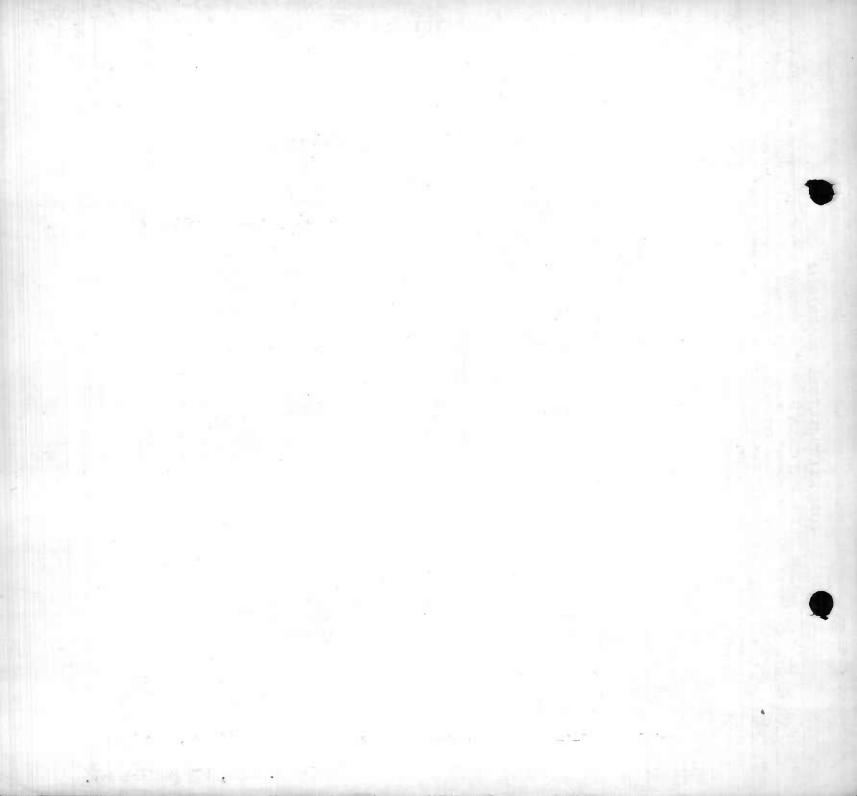
BALTIMORE CITY HEALTH DEPARTMENT



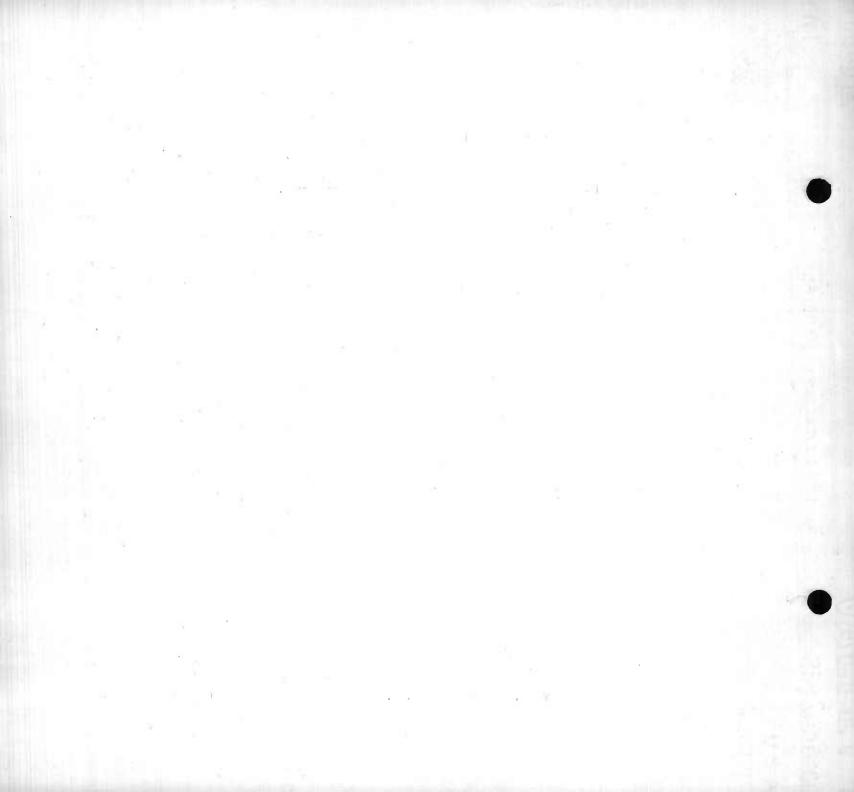


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BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

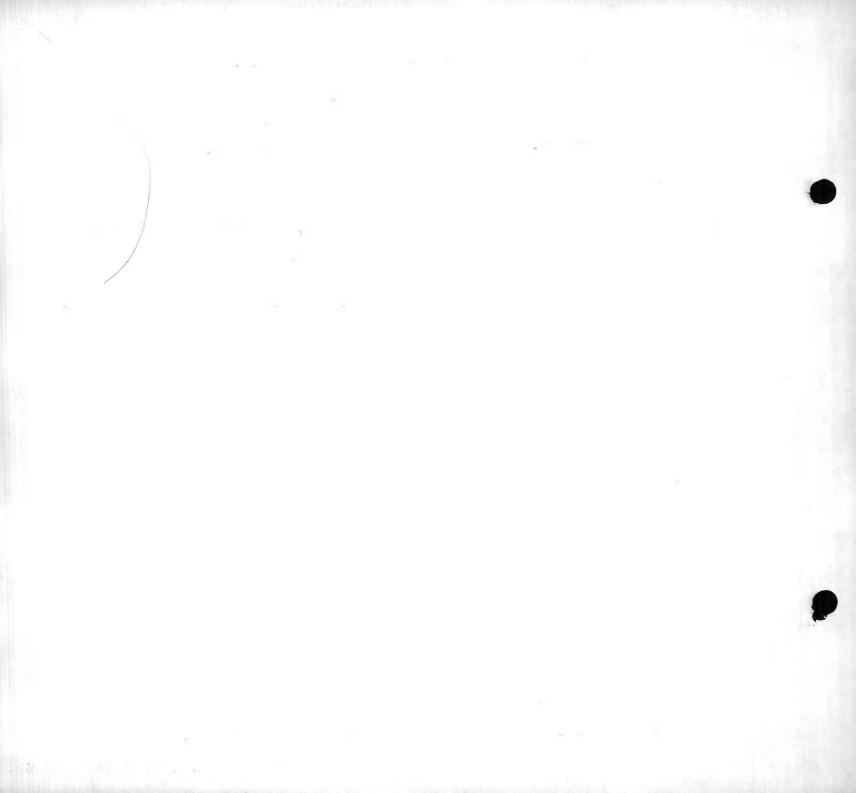


## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0 10-	68- 2452 BALTIMORE CITY HEALTH DEPARTMENT	0.400
1/-10	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2452
m-352	NAME OF DECEASED (WATSON)   2. DATE   Known   Month   Doy Yeor   OF   Cladys (ROBINSON)   ROBERSON   DEATH   Estimated   March 1, 1968	10:15 P M
K 162	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year	Hour
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION  1624 N. Chapel Street  PRONOUNCED BEAD  March 1, 1968  5. USUAL RESIDENCE (Where deceosed lived. If institution: residence and state and s	10:15 Rp., e before odmission)
83	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. MISIDE CITY LIMITS	
	Female Negro WIDOWED DIVORCED Baltimore	NO 🗆
	9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 10. AGE (In year	
	6-25-1934 33   1624 N. Chapel Street	
	WHAT COUNTRY?	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	HOUSEWIFE HOME DONNIE WILLIAMS	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	
	Mrs. Shirley Reese 1132 E.	Pratt St.
	19. 3 9 8 X I CAUSE OF DEATH	TWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Rheumatic Heart Disease	
	(A)IMMEDIATE CAUSE  (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. it means the disease,	
	injury or complication which coused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
	Z UNDERLYING CONDITION LAST. (C)	
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	1 444 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	l u	TOPSY? (Yes or No)
		No
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- LITTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout location home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?	4)
	Z 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT WORK AT WORK	
	I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion	
	I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE Curled M.D. ASSISTANT MEDICAL EXAMINER X  EXAMINER'S Popeld N. Korphlym M.D. ASSOCIATE MEDICAL EXAMINER 3.	DATE SIGNED
	NAME (Type)	-2-68
	24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or countered to the counterpart of the counterpar	
	Burial 3-6-68 Arbutus Memorial Pk. Baltimore,	Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701	Laurens St

955-6044 Martin- Rike Hell to 10 CI D'ordina a) huma per them become it inconference server happetette Severa Journalise C. Malo thona Journalise Sq. Carrinsona, Buccal muccon moulinging primary CONTRACTOR OF THE STATE OF THE

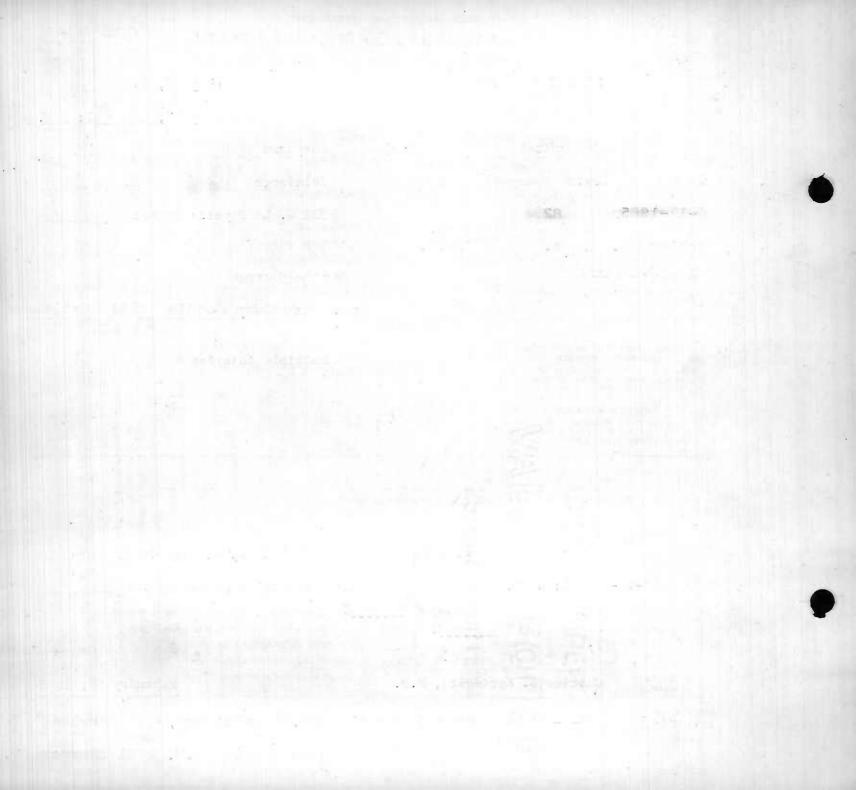
NRTH NO. M.E. CASE NO.	68	240	4 CERTIFICA							
I. NAME OF DECEASED Typo or Print)				2. DAT	AND HOUR OF DEAT	Н				
	elius F	Powell	(Cornelia	) 2	/29/68					
PLACE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where decoosed lived, If	institution: residence before admissi-				
					OUNTY	11				
	If not in hospital		givo stroot	Md.		the state of the s				
INSTITUTION	adioss of locollo	in)		C. CITY OR TOWN	If outside city timits, writ	o RURAL and live township				
				Balt	imore					
3100 E	aker St			D. STREET ADDRESS	(If rural, give location)					
00 2103 1	aker st	• •		3109 Ba	ker St.					
SEX 6. RACI		T AA ABBIED	NEVER MARRIED	B. DATE OF BIRTH	10 AGE /1-					
			D, DIVORGED (specify)		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 H Months Days Hours Min.				
Female N	egro	Wido	wed -	6-25-80	87					
		108 KIND OF	BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF				
ane during most of working li	ife, even if retired)					WHAT COUNTRY?				
RETIRED				Emporia, V	irginia	U.S.A.				
3. FATHER'S NAME				14. MOTHER'S , MAIDEN						
TAMES	DOGGETT			OR D	DIE DOUBLE					
	POWELL				RIE POWELL					
5. Was Doceased Ever in Yes, no or unknown) (If yos,	U. S. Armed For	rces?	SECURITY NO.	17. INFORMANT		ADDRESS				
703,	g		SECORITI NO.			00 000				
				Mr. & Mrs.	Powell 31	09 Baker St.				
18. 1. 1.	1		CAUSE	OF DEATH		INTERVAL BETWEEN				
DISEASE OR E	ONDITION DI	RECTLY		A . A	1 111	ONSET AND DEATH				
(This does not meet heart failure, asthenia	n the mode of o, etc. II meons	dying, e.g., the disease,	ODISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, heart failure, asthenia, etc. It means the disease,							
	neon foliure, osinemo, etc. ii meons me aiseose, injury or complication which coused deoth,)									
	**************************************	deoth.)								
			(B)							
ANTECE	DENT CAUSES		(B)			70-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-				
ANTECE DISEASES OR COM	DENT CAUSES	ony, giving	(B)							
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DISEASES OR CONTISE TO THE OBOVE UNDERLYING CONTI	DENT CAUSES  NDITIONS, if e couse (A) DITION lost.	ony, giving sloling the	(B)							
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DISEASES OR CONTISE TO THE DEATH DISEASE OR CONDITION TO THE DEATH DISEASE OR CONDIT	DENT CAUSES  NDITIONS, if e couse (A) DITION lost.  CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING ITON CAUSING ITON [198, CON]	ony, giving sloling the CONTRIBUTING ATED TO THIT.	(B)		or No.) 208. IF YES, WER	RE FINDINGS CONSIDERED				
DISEASES OR CONTISE TO THE DEATH DISEASE OR CONDITION TO THE DEATH DISEASE OR CONDIT	DENT CAUSES  NDITIONS, if e couse (A) DITION lost.	ony, giving sloling the CONTRIBUTING ATED TO THIT.	(B)(DUE TO (C)		or No.) 208. IF YES, WER					
DISEASES OR COME  TISE TO THE SIGNIFICANT  TO THE DEATH  DISEASE OR CONDITION  194. DATE OF OPERAT	DENT CAUSES  NDITIONS, if e couse (A) DITION lost.  CONDITIONS C BUT NOT RELA TON CAUSING I TION 198. CON WAS PER	ony, giving sloling the CONTRIBUTING ATED TO THE TOTAL TO THE TOTAL TOTA	(B) DUE TO  (C)  G E WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
DISEASES OR COME  TISE TO THE OBJECT  TO THE DEATH  DISEASE OR CONDITION  TO THE DEATH  DISEASE OR CONDITION  TO THE OBJECT  TO THE DEATH  DISEASE OR CONDITION  TO THE OBJECT  TO THE OBJ	DENT CAUSES  NDITIONS, if e couse (A) DITION lost.  CONDITIONS C BUT NOT RELATION CAUSING I IIION 198. CON WAS PER	ony, giving sloling the CONTRIBUTING ATED TO THI	(B) DUE TO  (C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, f		or No.) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED				
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VS 151-REV. 1/1/6B

## 68- 2455 BALTIMORE CITY HEALTH DEPARTMENT

NOTH NO	MEL	ICAL E	XAMINER 5 C	ERTIFICATE	JF DEATI	REG. NO.	00	んかいし	
NAME OF DEC	EASED			2. DATE Known 2	M	D	V	Ter	_
Type or Print)	CATHERIN	E WOLF		OF		Doy	Yeor	Haur	
PLACE IN BALL	IMORE, MARYLAND, V			DEATH Estimoted 3. DATE	□ Februa:	ry 28,	1968	Hour	М.
ULL NAME OF	(IF NOT IN HOSPITA			PRONOUNCED DEAD					
HOSPITAL DR INSTITUTION	ADDRESS OR LOCA	TION)		5. USUAL RESIDENCE (V	Februa:		1968	7:25 P.	
	Cimai IIi	4 - 7	(204)	A. STATE		B. COUNTY	ni: residence a	SEIOLE OGUITZZIOU	,
S. SEX	Sinai Hospi		(DOA)	Marylan	nd	D. INSIDE C	V JUNETON		Sept.
			NEVER MARRIED			1 4			
Female	Negro	WIDOWED		Baltimo		Υ	ES X	ио Ц	
DATE OF BIRTH	lost birth in	Mon	nder 1 Yr. If Under 24 Hrs. ths: Doys   Hours   Min.	E. STREET AND NUMBE					
6-12-18					La Fayet	te Stre			
	tate or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			an mil		
	Co. W. Va.		WHAT COUNTRY?	GEORGE BU					
	PATION (Give kind of work orking life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN					
Domesti				Martha B	urns				
6. WAS DECEASE	D EVER IN U.S. ARMEI (If yes, give wor or dotes	of service)	17. SOCIAL SECURITY NO.	18. INFORMANT		A	DDRESS		
	(,,			Mrs. Mary	Dunn Mo	odie	1151	Myrtle	Ave
19.	141		CAUSE OF DEAT	Н				PROXIMATE INTERVEEN ONSET AND D	
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injury or com	plication which coused de	oth.)							
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RISE TO THE	DR CONDITIONS, IF AN' ABOVE CAUSE (A) STA IG CONDITION LAST.	TING THE							
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OF INJURY	Month) (Day) (Yeo			100105	D INJURY OCCU	R?			
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23.				₩					
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result	ed from: Natural cau	ses A	ccident X Suicid	e Hamicide	Undetermin	ed monner			
ACTUAL	Colla &	)'	11.	CHIEF MEDIC	CAL EXAMINER			DATE SIGNED	,
SIGNATU	JRE	, , , ,	Jo Ta Mo	ASSISTANT MEDIC	CAL EXAMINER	X			
EXAMINI		S. Spri	ngate, M.D.	ASSOCIATE MEDIC	CAL EXAMINER	□ Fob	ruors '	29, 1968	
NAME (T	ype)								
24A. BURIAL CREA REMOVAL (Specif	v)		C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, tow	n, or county)	(Stote)	
Burial		8	Arbutus Mem	norial Pk.	Baltim	ore,	Ma	ryland	
25A. DATE REC'D	BY HEALTH DEN 18	258 NAME	OF REGISTRAR	25C. FUNERAL DIR	RECTOR	-	ADDRESS		
		TOUR	- Markey MA	MORTON &	DYETT	F.H. :	1701 I	aurens	St.



IMPORTANT

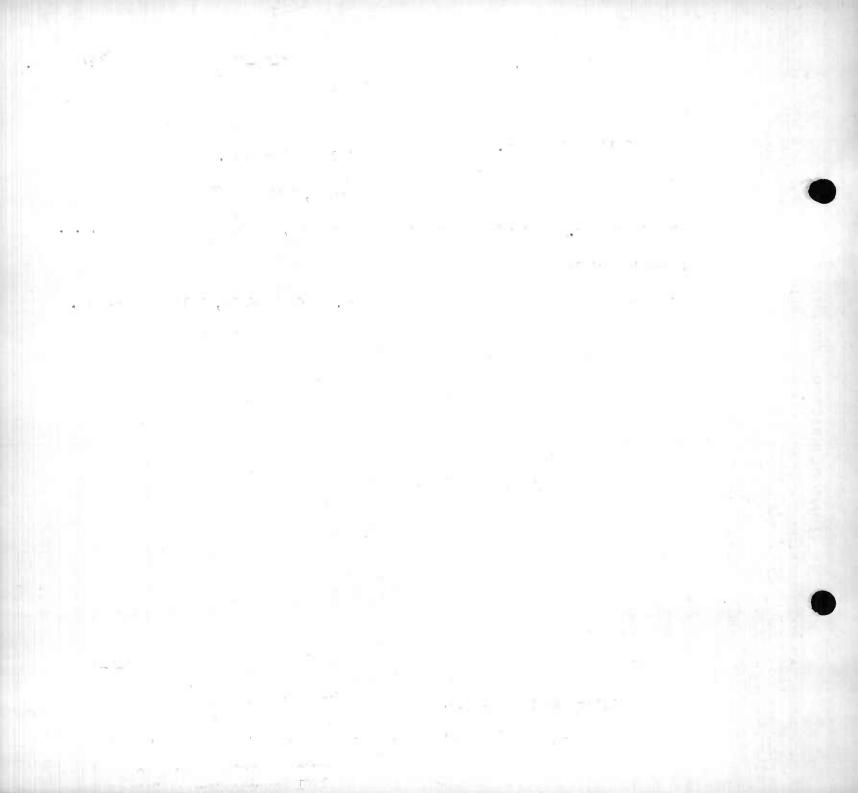
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FUNERAL

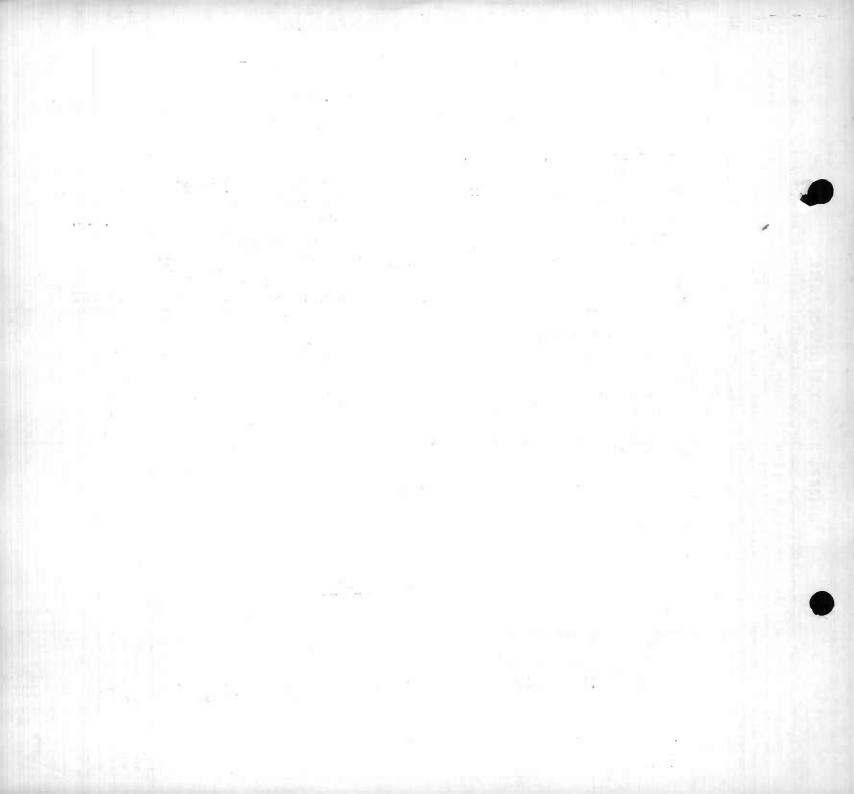
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

1-9-1415 518 Durhams Mills Cont. Lon. AT WILLIAM TO LONG TO Carrie D. Hendires the william day and a star of ور سول پاکستان F.S. 5 Burney I to Holmer Com Rollman Montes De Bank Like Lines Comme



SAB-51-14-33	68- 2458 CEDTIFICATE OF DEATH REG. NO. 68- 2458
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Seco	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 2-29-1968 10 Pm.
hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
<u> </u>	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
n a hos cause use; (5, tendan	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  C. CITY OR TOWN  P. INSUE CITY LIMITS!  VES NO
- 3.	21224 E. STREET AND NUMBER 1 / 1 H
<b>D.E.L.</b>	4940 Eastern Avenue, Baltimore, Maryland 800 A 650 TT (our 7 - 21202
occurre ontribut ermined regular is made	5. SEX 6. RACE 6. RACE NEVER MARRIED NEVER MARRIED B. DATE OF BIRTH 9-14-18845. AGE (In years last birthday 83 Months Doys Hours Min.
ed general	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
leath or condition or condition or condition	Retified  Waryland  U.S.A.
if de ect of was was the posi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Ferdenand Stoetzer Guliet -
TAN istant he di kind; death ce on	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.
ORT assiss f th f th d d d d d	No 216-01-8306 Records:BCH-4940 Eastern Avenue 21224  CAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL
P si	DISEASE OR CONDITION DIRECTLY
or hison Alson noun after	(A)IMMEDIATE CAUSE DELLE OF THE TOTAL OF THE
	(This daes not mean the made of dying, e.g., heart failure, asthenio, etc. It means the diseose, injury or complicotian which coused death.)
mine pho pegul	ANTECEDENT CAUSES
xam xam wh wh	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
S S S S S S S S S S S S S S S S S S S	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
di di	Z 4 55 X II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (a).
- Sie da die de	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUS he cl by (2) B re t phy fore	U 21A. ACCIDENT WAS UNDERLYING   // 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exoct location)
FI by the pital b re; (2) where No pi	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
- <u>v</u> - <u>v</u> - <u>v</u>	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
> = = = = = = = = = = = = = = = = = = =	(APPROX.) While At Work At Work
	22. I certify that (I) (this hospital) attended the deceased fram 2 13 19 0 ta
= 0 6	and hour and from the gouse's stated above. (1) (We) (dld) (did not) view the body ofter deoth.
ust be a lased to dent of ospital death) must be	23A. SIGNATURE 23B. DATE SIGNED
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Attending Med. Staff Phys. Director Phys. 2/29/68
9 - 8 - 5	23C. PHYSICIAN'S NAME (Type) A Kokshanian (120) A Kokshanian (120) Restant treme Baytamore Maryland 21224
	DEGREE 4,740 Edistri Rating
+	REMOVAL (Specify)
	Butial 3-4-1968 Bettingte Cem. Sato, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1217 St. Paul St.
This the lashow was dece	WunCook-Brooks, Inc. Batton Md. 21202
	VS 150-REV. 1/1/6B



	00	0.4	BALTIMORE CITY	HEALTH DEPARTMENT		00 0450
	50	- 24	OF CERTIFICA	TE OF DEATH	REG. NO	68- 2459
BIRTH NO.			OLK THICK			
I, NAME OF DEC Type or Print)	EASED			2. DATE A	NO HOUR OF DEAT	Н
, pe or 7 mm	ROSALIE GA	TTA		Marc	ch 3, 1968	
. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. II	institution: residence before odmissi
				A. STATE B. COO	IN 11	
FULL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	TUTION, GIVE STREET	Maryland		1 %
HOSPITAL OR	ADDRESS ON FOC	AllON		C. CITY OR TOWN	D. 11	VIDE CITY LIMITS?
				Baltimore		YES NO
40	7 East Biddl	e Stree	at .	E. STREET AND NUMBER		
AA	, Habe Diagi	e beree		407 East Bide	11 - Ctroot	
212	1/ 0.1.00	Te				
SEX	6. RACE	/ MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
Female	White	WIDOWE	DIVORCED	Nov. 23, 1875	92	
				11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUN
one during most of	working lile, even if retired)					
Housewi	lfe			Italy		I <sub>+</sub> aly
FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	
					0	
	? Favi			Nina	?	
. Wos Deceoses	Ever in U. S. Armed Fo	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or onknown	if the yes, give wor or do	es of service				
No			214-56-5377 J1	Mrs. Anna Zon	zin 40.	7 E. Biddle Street
1B. //	10.41		CAUSE OF DEATH	1		APPROXIMATE INTERV
rise to th	OR CONDITIONS, if e obove couse (A) G CONDITION last.		9	A CONSEQUENCE OF:		
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINA RT 1 (A).			•	
19A. DATE OF		NDITION FOI	WHICH OPERATION	20 A. AUTOPSY? (Yes or I	OB. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	h	1B. PLACE OF INJURY (e.g., i) ome, lorm, loctory, street, ol tc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltin	nore City, give exact location)
21D. TIME	(Month) (Doy) (Year	(Hour) 2	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S O I IIII O KI		V	Vhile At Not While			
(APPROX.)			Vork At Work	1	7 2	20 0 - /
22. I certify	that (1) (this hospita	il) attended	the deceased from	-eknow	19 0 Ga //	Vanto 3 106
				10/2		The state of the s
thot (I) (-we)	Post sow the deceos	ed olive on	The Character	and t	thot in (my) ( <del>our)</del> o	pinlon deoth occurred on the
and hour an	d from the causes sto	ted obove.	(I) (\\ (did) (\frac{did not}{\rm (I)} \)	iew the body ofter death	•	
23A. SIGNATI	William	011	//// Dhou	Med.	Staff Phys.	3 3 196
PHYSICIA NA WE ()	21STIA	NS	MASS	2. S.	t John	in's house
4A. BURIAL CRE	MATION, 24B. DATE	24C.	NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION	(City, town, or county) (Stat
REMOVAL	Specily)				_	
Buria	3-6-68	H	oly Redeemer Ce	metery B	altimore	Cemetery
	BY HEALTH DEPT.	25B. NAMI		25C. FUNERAL DIRECTO	) P	ADDRESS

VS 150-REV. 1/1/68

Cook-Brooks Inc. Balto., Md. Wm.

21202

Consideration C. L. C.

Travel of War Town 3 1

CHRISTIANS, MASS STREET

## 68-2460 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGINS 68-2460

BIRTH NO.									REG. NO		U for a	00
NAME OF DECI	EASED					2. DATE	Known 🗌	Month	Day	Year		
Type or Print GUS	TAVE		W		BRANDT	OF DEATH	Estimoted	March	1, 19	68	11:00	$P_{M}$
. PLACE IN BALT						3. DATE	INICED DEAD	Month	Doy	Yeo	Hour	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							UNCED DEAD	March 1			11:00	
UNI	VERSIT	Y HOSE	TAL			A. STATE	ESIDENCE (Where		. If institution:	resident	ce before odmiss	ion)
31						M	aryland	The state of	exacte!	AI	00.00	
S. SEX	7. RACE		8. MARE	RIED	NEVER MARRIED	C. CITY OF	TOWN	D	. INSIDE CIT	Y LIMITS	5?	
Male	Whit		WIDOV	VED [	DIVORCED [	Balti			YE	s 🗓	NO 🗌	
DATE OF BIRTH	_	10. AGE (In lost birthdo	yeors		der 1 Yr. If Under 24 Hrs. hs Doys Hours Min.		AND NUMBER					
8-4-1930	J	37	X38			Jeffe	rson Blvd-	- XBANAGAH	<b>EXYCHEATY</b>	K Br	addock	Agts
1. BIRTHPLACE (St	tote or foreig	n country)			ITIZEN OF	13. FATHER	'S NAME					
Newark,	NJ			,	HAT COUNTRY?	Gusta	v Brandt					
			14B. KIND		SUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	WE				
one during most of we	t Mgr.	en irrenired)	Ble	ach	Industry	Ar	na Wehlan	d				
6. WAS DECEASE	D EVER IN	J.S. ARMED	FORCE	5?	17. SOCIAL	IB. INFOR		-	AD	DRESS		
Yes, no or unknown) Yes		or or doles cean Wa		)	SECURITY NO.	Vacar	Fun. Hom	o Modi	Donn	. 2		
19.	KOI	call wa	11		CAUSE OF DEA		run. nom	e, Media	, 10111	la.	APPROXIMATE INT	ERVAL
E 93	50				Gunshot		of Hoad			86	ETWEEN ONSET AN	D DEATH
	OR COND		CTLY		Guisilot	would	or nead					
(This does no	EADING TO		Ina e a		(A) IMMEDIATE C		HELOS OF					
heort follure, injury or com	osthenio, etc.	It meons the	diseose,		DUE TO, OK A	AS A CONSEG	UENCE OF:					
mory of com	pirconon wind	ii coosed de	Jiii.)									
AN	TECEDENT	CAUSES			(B)							
DISEASES O	R CONDITIO	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYIN			IIIVO IIIE		(c)							
0	V	11		_	(0)							
OTHER SIGNI	FICANT CON	DITIONS C										
TO THE DEA												
20A. DATE OF					WHICH OPERATION WA	S PERFORA	NED			21. AU	TOPSY? (Yes or	No)
Ö											No	
₹ 22A. EXTERN	VAL CAUSE	WAS		22B. P	LACE OF INJURY(e.g.,	in or obout	2C. WHERE DID	(If in Boltimore (	City, give expo	t location		
UNDERLYING	OR CON	TRIB-		ham e,	form, factory, street, office Home	e bldg., etc.)[1	NJURY OCCUR? Jefferson				•	
UTING LI CAL 22D. TIME (1		TH. oy) (Year	(Hau	-1 22	E.INJURY OCCURRED		22F. HOW DID IN			.Iaw I	iig cs.	
OF INJURY 2	, ,		8:15	PW		WHILE -	Subj. sho			d		
(1011010)			0.10	m. W	ORK X ATW		Sabj. SEC	or seil	III IIea	ц		
23.	fy that I he	ald an 1		7	Inspection X Au		and shae an si	hia baata da				
				_		tapsy 📗	and that an th			7		
resulte	ed from: N	atural cau	ses 🔲	Ac	cldent Suicld			Undetermine	7	_		
ACTUAL		0	011	1	11		CHIEF MEDICAL E	5	-		DATE SIGN	ED
SIGNATU	RE / A	rolph	11/6	one	W.D	•	STANT MEDICAL E	XAMINER X				
EXAMINE		Rona	1d N.	. Ko	ornblum, M.D.	ASSO	CIATE MEDICAL E	XAMINER _	)		3-2-68	
NAME (Ty		4B. DATE		240	. NAME of CEMETERY	or CREMATO	DRY 124D	LOCATION	(City, town,	or cour	nty) (Stote	2)
REMOVAL (Specify	y)									5, 55011	(3101)	,
Burial		3-5-19			Hollywood Me			Union,				
25A. DATE REC'D E	BY HEALTH [	JEPI.	25B. N	NAME	OF REGISTRAR	25C.	FUNERAL DIRECTO	JR .	AL	DDRESS		
360	RA 1	968	0 0	R. C	Jan Dall	Wm.	Cook-Bro	oks, In	c. Balt	το.,	Md. 212	02

VS 151-REV. 1/1/6B

21. \*\*\*\*\*\*\*\*\*\* distributed as a second No. Cool-moods San Rough Bloom-1000 . In

BALTIMORE CITY HEALTH DEPARTMENT

W. GLUCK/MUR

IMPORTANI

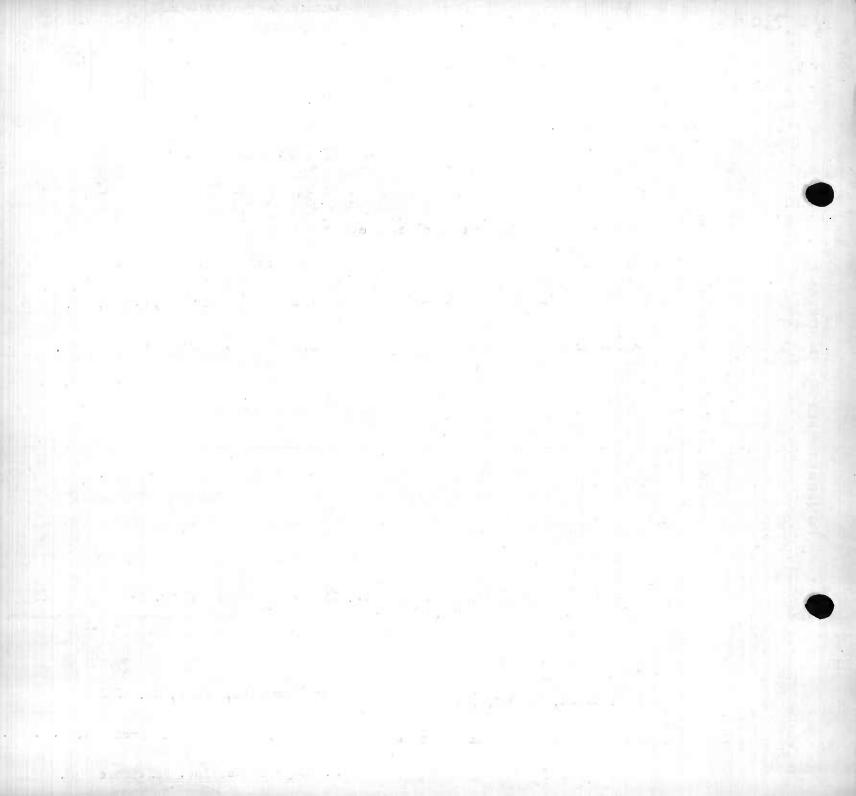
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

Ve all in Verrian I de alle

) 1

129	68 246	BALTIMORE CITY H	HEALTH DEPARTMEN	REG NO.	68- 2462
. N	AME OF DECEASED			E AND HOUR OF DEATH	· · · · · · · · · · · · · · · · · · ·
Тур	charles Anthony			March 1 , 196	N.
FUL HO: NS	LACE IN BALTIMORE, MARYLAND, WHERE PRONOL  L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  IS Public Health Service Hose  100 Wyman Pk. Drive	pital	Md. 7 c. CITY OR TOWN Bethesda E. STREET AND NUMB	D. INSI	Stitution: residence before odmission  DE CITY LIMITS?  YES NO
. SI	M WIDOWED	DIVORCED	2/10/20	9. AGE (In years lost birthdoy) 48	If Under L Yr. If Under 24 Hrs. Months Doys Hours Min.
done		ex Time Recorde	er NJ		USA
13. F	Alfred Vasi	14	4. MOTHER'S MAIDEN		
S. V (Yes,	Vos Deceosed Ever in U. S. Armed Forces? Ino of unknown) (If yes, give wor or dotes of service)  Ves USA 1942-1946	16. SOCIAL SECURITY NO. 123-09-5366	7. INFORMANT Records— US	S PHS Hospital,	ADDRESS , Balto, Md.
ATIC	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, asthenio, etc. It meens the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B)	E ALVEOLA: CONSEQUENCE OF:	r cell carcino	ma 9 mos.
	19A. DATE OF OPERATION 198. CONDITION FOR V	VHICH OPERATION	yes	or No. 208, IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
_	21 A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)	PLACE OF INJURY (e.g., in a e, form, foctory, street, offic	or obout 21C. WHERE Dice bidg., INJURY OCCU	ID (If In Boltimore	e City, give exact lacation)
MEDI	OF IN JURY	INJURY OCCURRED  ile At		NJURY OCCUR?	
	22. I certify that (I)(this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) 23A. SIGNATURE:	Mar. 1	19 <u>68</u> are we the bady after de		1 1968  nlan death occurred on the dat  238. DATE SIGNED  3/1/68
	PHYSICIAM'S NAME (Type) Henry S. Crist, SA Surg (	(R) DEGREE	US PHS Hosp	oital, Balto, M	Md. 21211
24A.	REMOVAL (Specify)	e of Heaven			ty, town, or county) (Stote) Montgomery Co. Mc
	DATE REC'D BY HEALTH DEPT.   258. NAME O		2SC. FUNERAL DIRE		ADDRESS



a the grant is the F Garage 2 de 281 milio and and persons Charleson Fred Server School Server Many Falchina Ruske Wy world Home ! " the shirt chaterens 00030 J.V. Sections of Street Eller There made and the Here I Tallman was the Hope that he do the

all targets result

DEPARTMENT

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et. Butterede Oldek

and building the car

Description of the Labour Control of the Lab

the terms of the value of account

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

NO

If Under 24 Hrs. If Under 1 Yr. Months! Doys

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH

Month

2 weeks

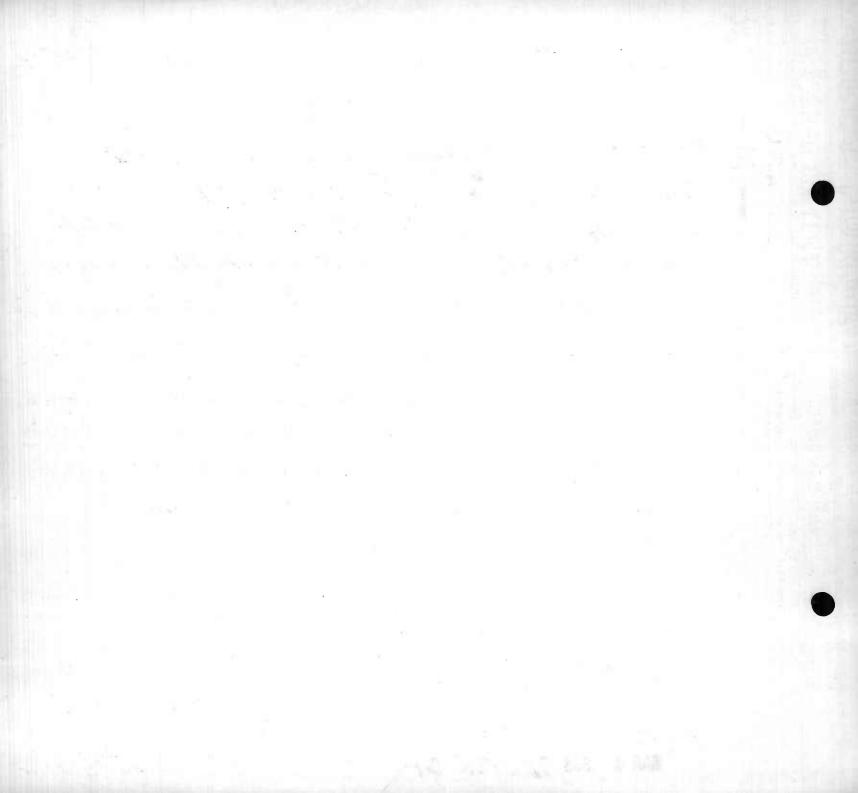
Month

2 hrs.

208, IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

and that in (pr) (aur) apinion death occurred on the dote

VS 150-REV. 1/1/6B



P-634

68- 2466 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.

68	2466
00	14 7 0 O

BIRTH NO.					
1. NAME OF DECEASED 2. DATE Known Month Day Year	Hour				
(Type or Print) THEODORE PARTLOW DEATH Estimoted March 2, 1968	6:15 P. M.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year	Hour				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  5. USUAL RESIDENCE (Where deceased lived. If institution: residence be	6:15 P.M.				
1807 W. Pratt (DOA)  A STATE Maryland  B. COUNTY	04				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY MINITS?	all fr				
Male White WIDOWED DIVORCED Baltimore YES N	0 🗆				
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER   Months, Doys, Hours, Min.   10.7 Tr					
SEPT. 24, 1924 43 1 1807 W. Pratt					
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  U.S. H  7ARTLOW					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME					
done during most of working life, even if retired)  LABORER INDUSTRIAL NAMEY PREFIT					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. YES WORLD WAR IL 220-12-4579 Edward PARTLOW 1723 HOLLI	NS ST.				
CAUSE OF DEATH	OXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease					
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	, , , , , , , , , , , , , , , , , , , ,				
heart foilure, asthenia, etc. It meons the disease, injury or camplication which caused death.)					
Foregoender von Liver					
DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST. (c)					
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE PEACH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    COLUMN   COL					
20 A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED   21. AUTOP	SY? (Yes ar Na)				
	Yes				
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in 8altimore City, give exact lacation) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR?					
UTING LI CAUSE OF DEATH.    Value   Control					
(APPROX.)  m. WHILE AT NOT WHILE AT WORK					
I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion					
resulted from: Notural causes X Accident Suicide Homicide Undetermined manner					
CHIEF MEDICAL EXAMINER					
ACTUAL ASSISTANT MEDICAL EXAMINER &	DATE SIGNED				
EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER	3-3-68				
NAME (Type)					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)	(Stote)				
BURIAL 3-6-68 BALTINGEE NATIONAL BALTINGE	Md				
REMOVAL (Specify)	Md				

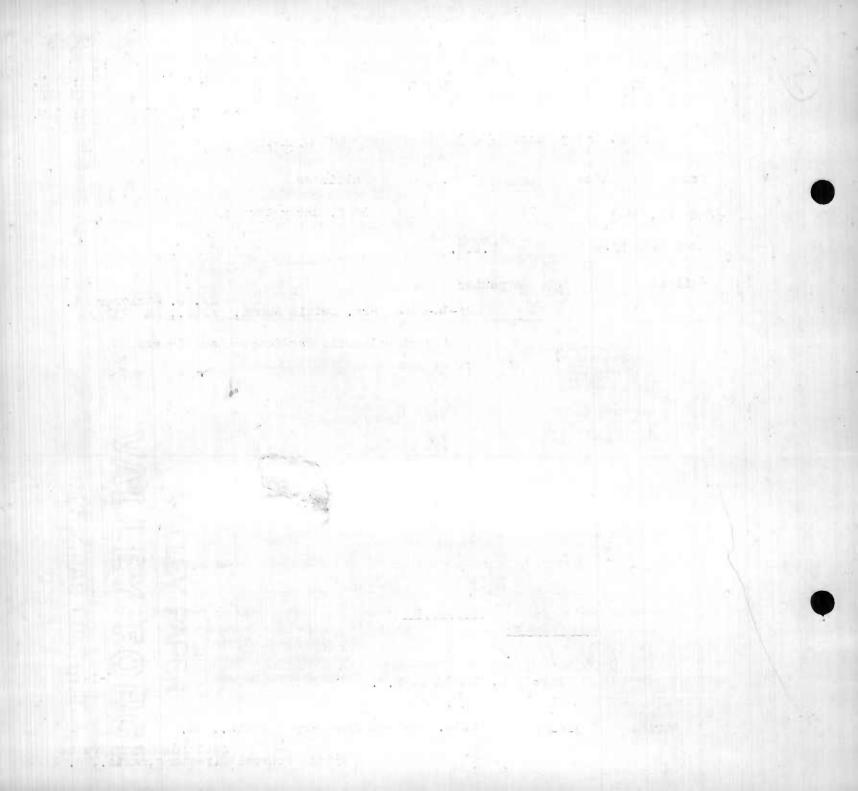
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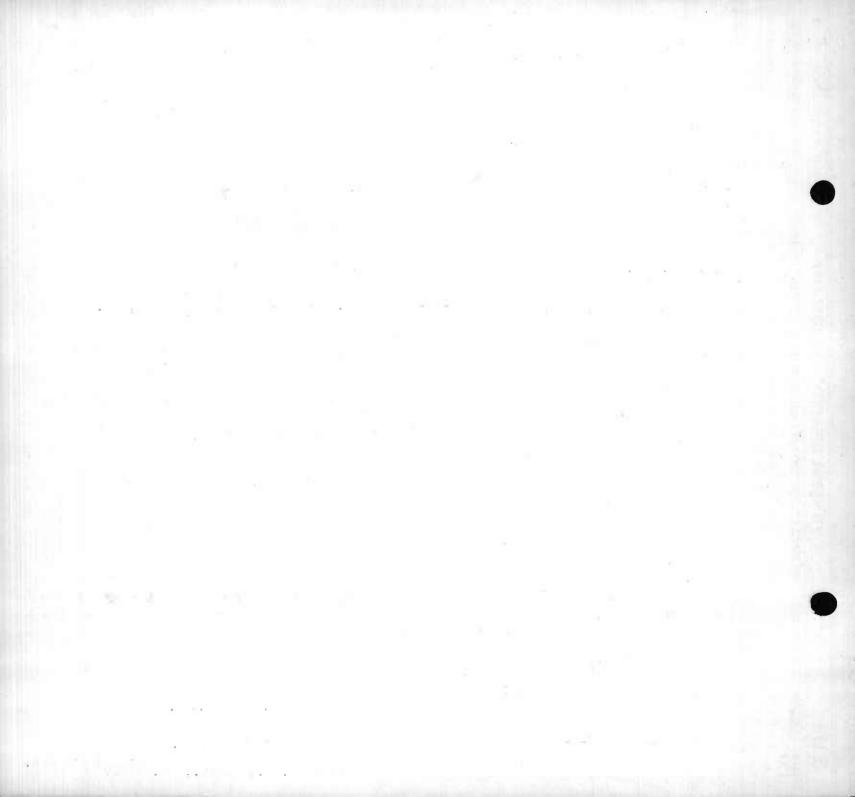
4-140 68- 2467 BALTIMORE CITY HEALTH DEPARTMENT

-					
	MEDICAL	EV A AAIN IED'C	CEDILLICATE	OF	DEATH
	MEDICAL	EXAMINER 5	CERTIFICATE	OF.	DEATH.
	,,,,,				p

A POICAL EVALUEDIC	CENTIFICATE OF DEATH
	CERTIFICATE OF DEATH REG. NO. 68- 2467
BIRTH NO.	The page of the state of the st
I. NAME OF DECEASED (Type or Print)  CLARENCE  LOVELY	2. DATE   Known   Month   Doy   Yeor   Hour   OF   DEATH   Estimoted   March 2, 1968   11:00 A M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 2, 1968 11:00 A.M.
30 S. Carey Street (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White widowed □ DIVORCED □	Baltimore YES X
June 28, 1893  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Doys Hours Months, Doys Hours Min.	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
New Hampshire U.S.A.	DULLE MOTURNIC MAINPALAMAN
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even il retired)	Y 15. MOTHER'S MAIDEN NAME
Retired  Carpenter  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give war or dotes of service)  17. SOCIAL SECURITY NO. 023-14-2164	Mrs. Hattie Roach, Balto, Md. 21223
19. ZZ CAUSE OF DEA	
7/2/11	sclerotic Cardiovascular Disease
LEADING TO DEATH (A) IMMEDIATE	CAUSE
(This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
Ŏ	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No.)
. [ ]	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) injury OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  m. WORK  NO	OT WHILE WORK
23.  1 certify that I held on Inquiry Inspection X A	utopsy ond that on this basis, death in my opinion
resulted from: Notural causes X Accident Suici	ide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL A 1 1 21/ E	ASSISTANT MEDICAL EXAMINER   DATE SIGNED
SIGNATURE WALLE MICHAEL M.	0.
EXAMINER'S Ronald N. Kornblum, M.	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	
Burial 3-6-68 Balto. Natio	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 4 1968 R. Leub E. Farberta	Witzke Funeral Directors, Balto, Md. 21229
VC 151 DEV 1/1/40	The same and the same of the s

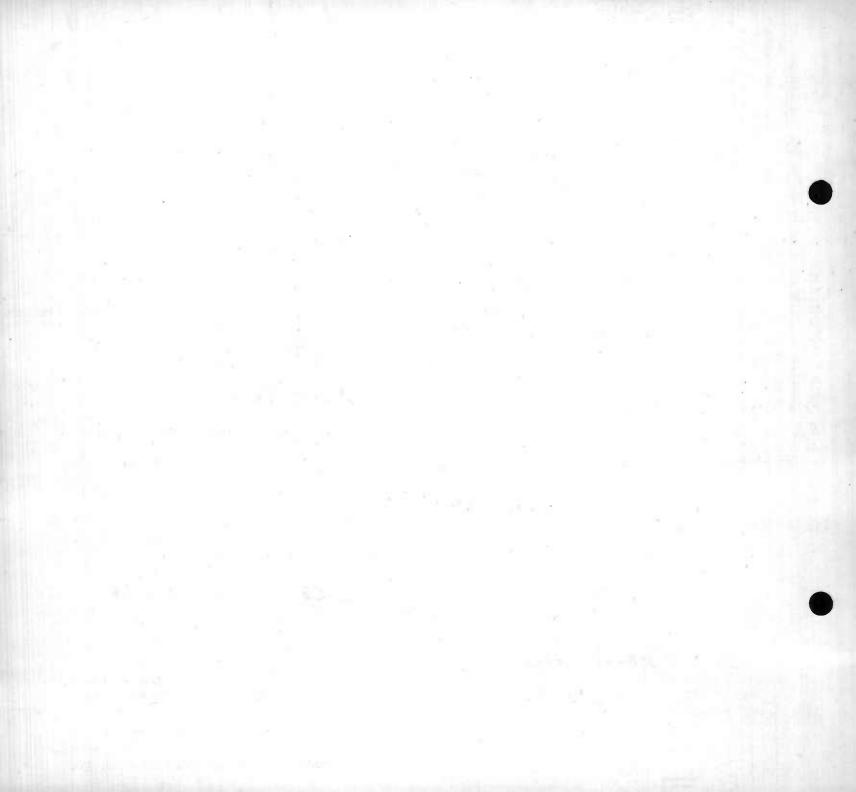


N /	5-552 68- 2468 CERTIFICATE OF DEATH  REG. NO. 100 PEG. NO				
	ITH NO.				
	De or Print) WILLIAM SIMMO	ONS	3.2.6		1 2 . 95 P.A
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE 8. COUNTY  MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?		
4	LUTHERAN HOSPITAL OF MARYLAND		BALLIMORE YES NO DE STREET AND NUMBER 702 COOKS LANE APT 201.		
	SEX G. RACE 7. MARRIED NEVER MARRIED DIVORCED DI		8. DATE OF BIRTH  4.25.96  9. AGE (In years lost birthday)  Months; Days Hours Min.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY		
done	e during most of working life, even if retired)	IRED Salesman			U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Charles H. Simmons  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)  SECURITY NO.			Alice Ford  17. INFORMANT  702 Cook's Lane		
		213-03-1519	Mrs. Betty Simmons, Baltimore, Md. 21229		
ATION	heort foilure, osthenio, etc. It meons the disease, injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise fo the above cause (A) stating the UNDERLYING CONDITION lost.  IL  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(B) Cetel DUE TO, OR AS	A CONSEQUENCE OF:	failure accident Possibly.	4 days
ERTIFIC	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19 A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED		NO	CERTIFYING CAUSES OF	DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING   21B hom   21B h	ne, form, foctory, street, of	n or about 21C. WHERE DID	(If In Boltimore City, g	lve exact location)
WE	OF INJURY	INJURY OCCURRED  ille At Not While the At Work	k 📙		
	22. I certify that (1) (this hospital) attended the deceased from 2, 28, 1968 to 3, 2, 1968 that (1) (we) lost saw the deceased alive on 3, 2, 1968 and that in (my) (our) opinion death occurred on the data and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.				
	23A. SIGNATURE P. Plesen M.D. OEGREE Phys		nding Med. Staff 238. DATE SIGNED  Director Phys. 3, 2, 68,		
	SHEREEN SHEIKH M.D. OFGREE Lutheran Hosp., Bulto., Md.				
24 A	A. BURIAL CREMATION, REMOVAL (Specily) 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, fown, or county) (Stote)				
25A	B urial 3-5-68 Spe	sutia Cemeter	Perryn 25C. FUNERAL DIRECTOR	an, Md.	ADDRESS
	MAR 4 1968 P. P. B. S. 3	7 0	Witzle F. D. Ba	(L.   L.   1   1   1   1   1   1   1   1   1	dmondson Ave



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JAN JANK



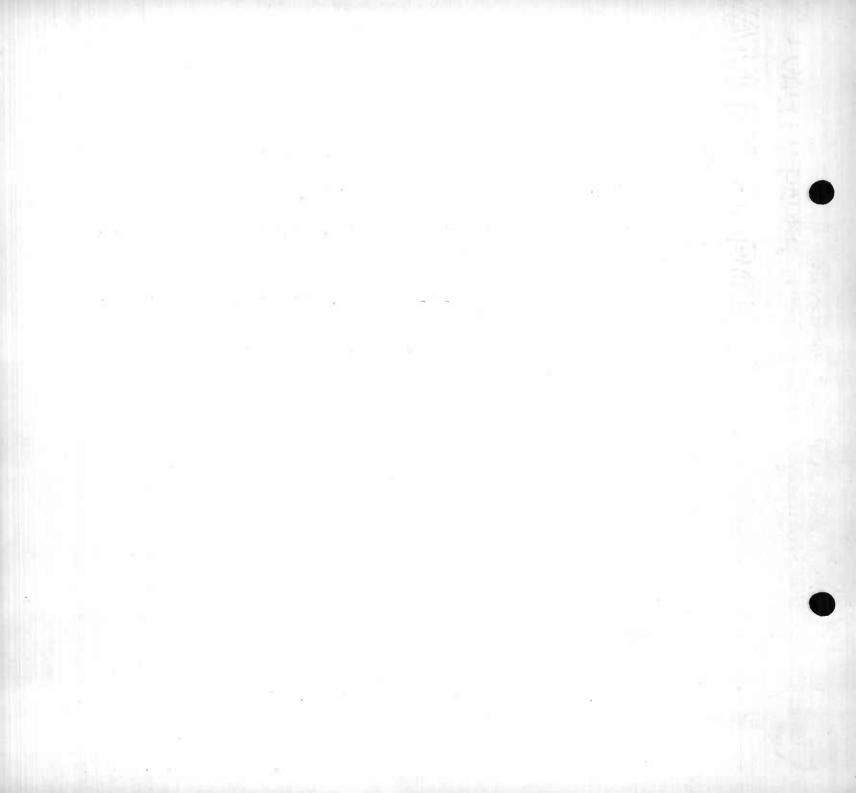
68-	2471
00	LO N A TH

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	68-	2471

NAME OF DECEASED			12	ADATE AND HOUR	OF DEATH	
Type or Print) Rufus	Haw	kins		February	27. 1968	
B. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	DUNCED DEAD	4. USUAL RESIDE	B. COUNTY	ed lived. If instituti	ion: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		Maryland			14-0 -	
HOSPITAL OR ADDRESS OR LOCA	ATION)	TO HON, GIVE STREET	C. CITY OR TOWN		D. INSIDE C	CITY LIMITS?
			Baltimo	re	YES	NO NO
1401 McCulle	oh Stre	et	E. STREET AND I			
00			1401 M	cCulboh Str	eet	
SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I		Under 1 Yr. If Under 24 H
lale Colored	WIDOWED	DIVORCED	April 10,		,	
SA. USUAL OCCUPATION (Give kind of work	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	Slote or foreign country	1) 12.	CHIZEN OF WHAT COUNT
Laborer	Const	ruction	Ivor, Vi	nainia	1.00	U.S.A
3. FATHER'S NAME	Collst	.Tuc closs	14. MOTHER'S M			0.3 . N
GuyHawkins				y Ferguson		
. Was Deceased Ever in U. S. Armed Fare	?	11.6.500141		y rergusuit		223800
(es, no or unknown) (If yes, give wor or dote	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No		231-07-8615	Mrs. Eli:	zabeth Hawk	ins 1401	McCulloh Stree
heart failure, asthenia, etc. It means injury ar camplication which caused  ANTECEDENT CAUSES  DISEASES OF CONDITIONS if	death.)	<i>D13</i>	£ 17.06	IS CHERO		
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.  OTHER SORIFICANT CONDITIONS COLOR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	death,) any, giving stating the NTRIBUTING HE TERMINAL IT (A).	(B) DUE TO, OR AS	SA CONSEQUENCE	OF: PHRITU	-UREM,	/4-
DISEASES OR CONDITIONS, if or isse to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COLOR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION 198. CON	death,) any, giving stating the NTRIBUTING HE TERMINAL IT IT (A).	(B) DUE TO, OR AS	SA CONSEQUENCE	OF:  OHRITU  O(Yes or No) 208, IF	-UREM,	/A.
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A)  UNDERLYING CONDITION tost.  I OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	death,) any, giving stating the NTRIBUTING HE TERMINAL IT IT (A). DITION FOR FORMED	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., image), form, foctory, street, o	SA CONSEQUENCE  SHIE MR  20A. AUTOPSYS in or obout 21C, WH	OF:  PHRITU  (Yes or No) 20B, IF IN CER	- UREM, YES, WERE FINDI	/A.
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	death,) any, giving stating the NTRIBUTING HE TERMINAL TITLE (1) TO FORMED	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., image), form, foctory, street, o	20A. AUTOPSY:	OF:  PHRITU  (Yes or No) 20B, IF IN CER	YES, WERE FINDS	INGS CONSIDERED OF DEATH?
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	death,) any, giving stating the Stating th	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., imme, form, foctory, street, or imme, form, foctory, street, or immediately believed to the control of th	20A. AUTOPSYS	OF:  PHRITU  (Yes or No) 20B. IF IN CER  ERE DID OCCUR?	YES, WERE FINDS	INGS CONSIDERED OF DEATH?
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SOLUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	death,) any, giving stating the Stating the TERMINAL TITLE (Hour)  [ (Hour) 21E WI WI WI	WHICH OPERATION  B. PLACE OF INJURY (e.g., imme, form, foctory, street, one)  E. INJURY OCCURRED  hite At	20A. AUTOPSYS	OF:  PHRITU  (Yes or No) 20B. IF IN CER  ERE DID OCCUR?	YES, WERE FINDS	INGS CONSIDERED OF DEATH?
Injury ar camplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital)	death,) any, giving stating like  NTRIBUTING HE TERMINAL LITH (A). DITION FOR FORMED  [ (Hour) 21E Will Will Will Will Will Will Will Wil	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.)  E. INJURY OCCURRED hite At Not Whit ork At Work the deceosed from	20A. AUTOPSY:  in or obout 21C. WH office bldg., INJURY of	OF:  PHRITU  (Yes or No) 20B, IF IN CER  ERE DID OCCUR?	YES, WERE FINDITIFYING CAUSES (If in Ballimore City	INGS CONSIDERED OF DEATH?  y, give exoct location)
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CONWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease	death,) any, giving stating the Stating th	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.)  E. INJURY OCCURRED hite Al Work the deceased from	20A. AUTOPSY?  in or obout 21C. WH iffice bldg., INJURY of	OF:  PHRITU  (Yes or No) 20B, IF IN CER  ERE DID OCCUR?  W DID INJURY OCC  ond that in (my	YES, WERE FINDITIFYING CAUSES (If in Ballimore City	INGS CONSIDERED OF DEATH?  y, give exoct location)
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A)  UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS COI  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR  19A. DATE OF OPERATION 19B. CON  WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year)  (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease and have and from the causes state)	death,) any, giving stating the Stating th	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.)  E. INJURY OCCURRED hite Al Work the deceased from	20A. AUTOPSY?  in or obout 21C. WH iffice bldg., INJURY of	OF:  PHRITU  (Yes or No) 20B, IF IN CER  ERE DID OCCUR?  W DID INJURY OCC  ond that in (my	YES, WERE FINDINFYING CAUSES (If in Ballimore City) (UR?	INGS CONSIDERED OF DEATH?  y, give exact location)  19 08 deoth accurred on the co
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SOLUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM (APPROX.)  21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease and have and from the causes state 23A. SIGNATURE	death,) any, giving stating the Stating th	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.)  E. INJURY OCCURRED hite At Work  At Work  the deceosed from	20A. AUTOPSY:  in or obout 21C. WH  office bldg., INJURY of  21F. HOV  le	OF:  OF:  O(Yes or No) 208. IF IN CER  ERE DID OCCUR?  W DID INJURY OCCUR?  ond that in (my er death.	YES, WERE FINDINFYING CAUSES (If in Ballimore City) (UR?	INGS CONSIDERED OF DEATH?  y, give exact location)
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SOLUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM (APPROX.)  21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease and hayr and from the couses state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	death,) any, giving stating the Stating th	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, original content of the deceased from the deceased	20A. AUTOPSY:  20A. AUTOPSY:  20A. AUTOPSY:  21F. HOV  21F. HOV	OF:  OF:  O(Yes or No) 20B. IF IN CER  ERE DID OCCUR?  W DID INJURY OCC  ond that in (my er death.	YES, WERE FINDINFYING CAUSES (If in Ballimore City  TO 2/2 (Our) opinion	INGS CONSIDERED OF DEATH?  y, give exact location)  19 08 deoth accurred on the co
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SOLUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERFORM (APPROX.)  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease and hayr and from the couses state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)  Dr. Gilbert CAUSE OF CA	death,) any, giving stating the NTRIBUTING HE TERMINAL TI (AL. DITTO) FOR FORMED  (Hour) 21E W.	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, original content of the deceased from the deceased	20A. AUTOPSY:    20A. AUTOPSY:   20A. AUTOPSY:   21F. HOVE   19	OF:  PHRITU  (Yes or No) 20B. IF IN CER  ERE DID OCCUR?  W DID INJURY OCC  nond that in (my er death.	YES, WERE FINDINITYING CAUSES (If in Ballimore City  TO 2/3 () (our) opinion  238.	INGS CONSIDERED OF DEATH?  y, give exact location)  19 08 deoth accurred on the d
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SCOTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CON WAS PERFORD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) lost saw the decease and hayr and from the causes stat 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Gilber	death,)  any, giving stating the stating the terminal trial (A).  DITION FOR (Hour) 21E WI WW.  Ottended to dive on  ted obove. (  August 124C. N	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or me).  E. INJURY OCCURRED hitle At Not White At Work the deceosed from	20A. AUTOPSY:  20A. AUTOPSY:  20A. AUTOPSY:  21F. HOV  21F. HOV  21F. HOV  21F. HOV  22F. HOV  23D. ADDRESS  722 Ne  EMATORY	OF:  OF:  O(Yes or No) 20B. IF IN CER  ERE DID OCCUR?  W DID INJURY OCC  ond that in (my er death.  d. Shaff.  Fulton Ave	YES, WERE FINDITIFYING CAUSES (If in Ballimore City)  To 2/10  (Cur) opinion  238.	INGS CONSIDERED OF DEATH?  (, give exact location)  death accurred on the control of the control

VS 150-REV. 1/1/6B



## BALTIMORE CITY HEALTH DEPARTMENT 68- 2472

68- 24	1 Km
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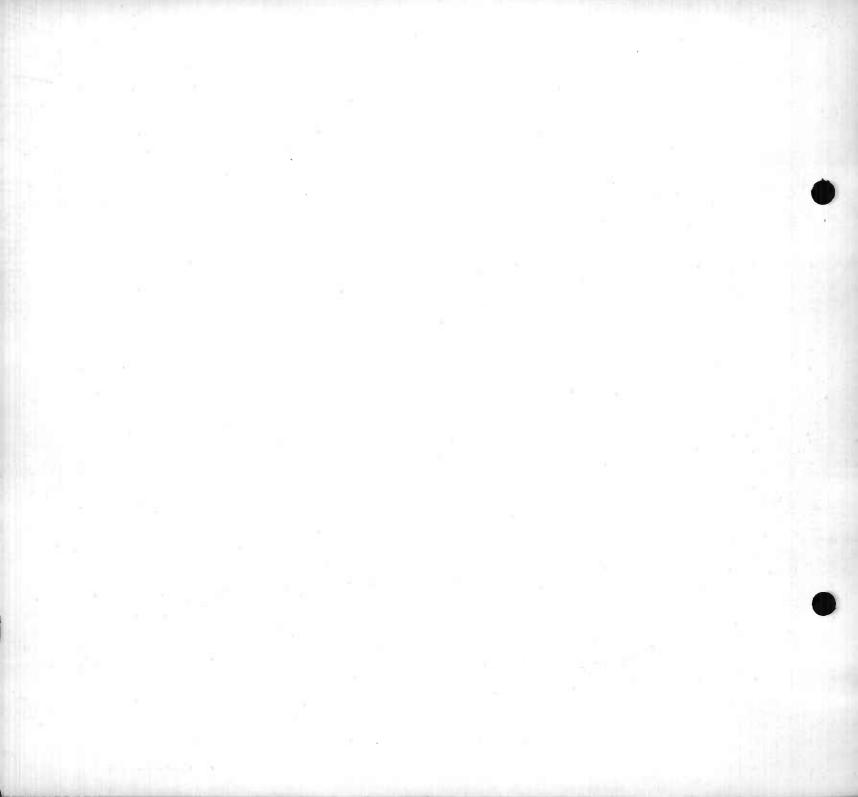
DID	TH NO		MED	DICAL	. EX	AMINER'S	CERTIFI	CATE O	F DE	ATH	REC	G. NO		
	TH NO.	TEASED					2. DATE	Known 🗍	Mo	nth	Do	2 V	Yeor	Hour
(Тур	e or Print)	ATTIE	1	N.		TAYLOR	OF	Estimoted [				1968		8:00 A. M.
4 F					RONOL	UNCED DEAD	3. DATE		Moi		Do		Yeor	Hour
FUL	NAME OF	(IF NO		AL OR INS		N, GIVE STREET		UNCED DEAD				1968		8:00 A.M.
	NSTITUTION							ESIDENCE (WH	ere dece				esidence	before admission)
	)()		Lanva	le St	ree	t (DOA)	A. STATE	Mary land	1		3. COL		LINAUTCO	16=0
6. 5		7. RACE				NEVER MARRIED	C. CITY OF	IOWN			D, IN:	SIDE CITY	_	
H	'emale	Negr	0	WIDOV	VED 🛚	DIVORCED .	Balti					YES	x	NO L
9. [	ATE OF BIRT	H	10 AGE ( lost birthd	In years	If Und	ler 1 Yr. If Under 24 Hrs. s , Doys , Hours , Min.	E. STREET	AND NUMBER						
Ju	ne 27,1	915	1001 0111110	52			1314	W. Lany	/ale	Stre	eet			
11.	BIRTHPLACE (	State or fore	ign country)			TIZEN OF	13. FATHER	'S NAME						
	Glouces					HAI COUNTRY?		rry Moo						
14A	USUAL OCCU	JPATION (G	ve kind of worl	14B. KIND	OF B	USINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN N	IAME	11				
20.7	during most of urses A		ven itretired		kins	Hospital	Fra	nces	Will	iams	3			
16.	WAS DECEAS	ED EVER IN	U.S. ARME	D FORCE	S?	17. SOCIAL SECURITY NO.	IB. INFOR		*****	2 0,270		ADD	DRESS	
(Yes	No or unknown	(If yes, give	wor or dates	of service	)	212-16-442	Cathe	rine Roy	ston	-245	66 W	codbr	rook	Avenue
	19.	- C- /-	17			CAUSE OF DEA			0 0011				A	APPROXIMATE INTERVAL
	2 0	5551	/					1.					BET	WEEN ONSET AND DEATH
Н	DISEAS	SE OR CON		ECTLY		Pulmona		lism						
	(This does i	LEADING 1		vina. e.a		(A)IMMEDIATE	AS A CONSE	LIENCE OF						
	heart fallure	e, osthenio, e mplication wh	tc. It meons th	e diseose,		DUE 10, OK	AS A CONSE	VOENCE OF:						
	injury or co	mpheorion wi	nen coosea a	20111.)		Fractu	re Left	Ankle						
		OR CONDI		IV GIVING		(B)	AS A CONSI	QUENCE OF:						
	RISE TO TH	E ABOVE C	AUSE (A) ST.	ATING THE	É									
2	UNDERLIT	NG CONDI	HON LASI.			(C)								
E	E90.	3.0	II	O LITBIDI	TILLO									
CERTIFICATION	TO THE DE	NIFICANT CO	T RELATED T	O THE TERM	MINAL									
프		RCONDITIO				UNICH ODER ATION IN	AC DEDECO	450					21 ALIT	OPSY? (Yes or No)
8	20A. DATE O	OF OPERATIO	N 208. CC	NDIIION	FOR V	WHICH OPERATION W	AS PERFOR	WED					21. AUI	
	K													Yes
SICA	UNDERLYIN		NTRIB-		home,	LACE OF INJURY(e.g. form, foctory, street, offi Home	, in or obout ce bldg., etc.)	1314 W.	K.5				locotion	6-02
MEDI	UTING CA	(Month)		or) (Hou	(5) 22	E INTERV OCCUPRED	- 53 1	22F. HOW DID						
	OF INJURY (APPROX.)		three			HILE AT NO	T WHILE X	Subj. f						
	23.													
		tify that I		Inquiry			utopsy 🔀	and that a					1	
Н	resu	Ited fram:	Natural ca	uses	Ac	cident X Suici	de 🔲 🕒	amicide 🔲			ned m	anner L	J	
Н	A CTUA	. /	$\gamma$	1.1	/	1 1		CHIEF MEDICA						DATE SIGNED
Н	SIGNA		miles	41	Cim	a. m.	D. ASS	ISTANT MEDIC	AL EXAM	MINER	X			
	EXAMIN NAME (	NER'S	Ron	ald Ń	. Ko	ornblum, M.D	• ASS	OCIATE MEDIC	AL EXAM	AINER			3-	1-68
24	A. BURIAL CRE	EMATION,	24B. DATE		240	NAME of CEMETERY	ar CREMAT	ORY 2	4D. LOC	ATION	(0	City, town,	or count	(Stote)
RE	MOVAL (Spec Burial	city)	3/5/6	8	]	Baltimore Na	tional	Cem.	Balt	timo	re	Mary	land	
25	A. DATE REC'E	BY HEALTH	DEPT.	25B. I	NAME	OF REGISTRAR	25C.	FUNERAL DIR	ECTOR				DRESS	.1
	1	MAR 4	1968	Rol	rent	E. Falley MA	H	erbert	E. N	utte	r-3	035 W	• No	rth Ave.

VS 151-REV. 1/1/68

Gloucester Co. VILLE...

Nurses Aide Hopkins Hospital Frances

212-16-4425 Catherine



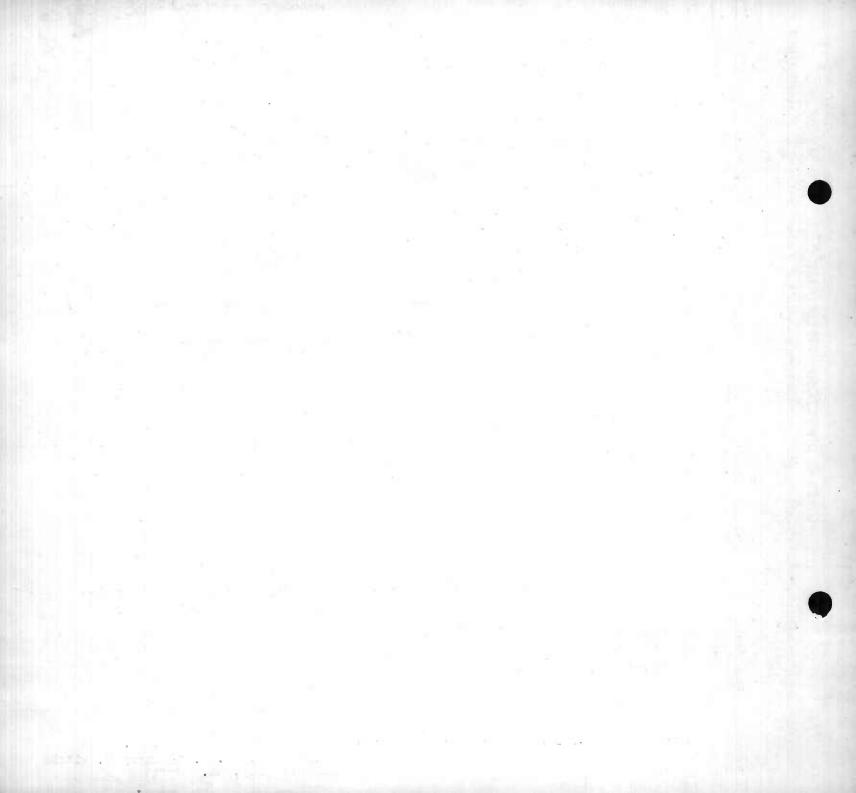
BALTIMORE CITY HEALTH DEPARTMENT 68- 2474 BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) (If outside city limits, write RURAL and give township) SARAIUGA If Under 1 Yr. Months Doys tf Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) .19 ond that in (my) (our) apinlon death occurred on the date 23 B. DATE SIGNED A DD RESS VS 150-REV. 1/1/65

La La Land January land Pas L. S. PAS W. Schulleger W. 28 68/50/01 Frank neges widowed Diaginia O/A

CARCINOME OF COLLA

970 Wastakeen

10.560		EALTH DEPARTMENT	1/	68- 2475
BIRTH NO. 68-04333 68-	2475 CERTIFICAT	E OF DEATH	REG. NO	
1. NAME OF DECEASED (Type or Print) Yally Bey C	men A	2, DATE AN	D HOUR OF DEATH	5-35 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUPICED DEAD	A. STATE B. COUN	e deceased lived. ff in	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Mary OR TOWN	land (a)	IDE CITY LIMITS?
		heren	lle	YES NO A
38 Un of mel 14	de	STREET AND NUMBER	neral fee	el Rel
m 1.1-	RRIED NEVER MARRIED 58.		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haus Min,
OA. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	. BIRTH PLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
lone during mast af warking fife, even if retired)		me		USA
3. FATHER'S NAME	14	MOTHER'S MAIDEN NAM	ME	
John Con	NI	Ino.	a. Ine	th
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	6. SOCIAL 17	· INFORMANT	0	ADDRESS
No	SECURITY NO.	(100	Homo Ch	de the
18. 7 7 7 V	CAUSE OF DEATH	wy.	(High dig	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		n	- A	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAUSE	Memalle	rely	1 Tu 15 min
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the di	sease,	CONSEQUENCE OF:		
injury ar camplication which caused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating		CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)	•••••••••••		
776X II				
TO THE RESIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM				
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORME			IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in a hame, form, factory, street, afficetc.)	or obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct lacation)
21D.TIME (Month) (Day) (Year) (House OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(A PPROX.)	While At Not While At Work			
22. I certify that (1) (this haspital) after		2/29	968 to	2/29 168
that (I) (we) Jost sow the deceased oliv	17 I not	40		nion death occurred on the dat
and haur and from the causes stated obe			Con del	septil secolifed on the date
23A. SIGNATURE	vos (i)(ine) (did har) Vie	w the body after death.		23B, DATE SIGNED,
They In V Ka	Attend		Staff	2/29/68
23 C. PHYSICIANTS	Janen DEGREE Phys. 23	D. ADDRESS	Phys. —	1-1100
NAME (Type)	KOCKINENI	/	1 )a- 0 K	boro
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CREM	ATORY 240.16	CATION (C	ity, town, or caunty) (State)
REMOVAL (Specify)				7. 7
Burial 3-2-68	Crestlan Cemet	ery Mar	criotsville	Md.
				ADDRECC
MAR 4 1968 (P.O. 15-8	Fasherma	Howard County	F. H. of	Harry H. Witzke



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

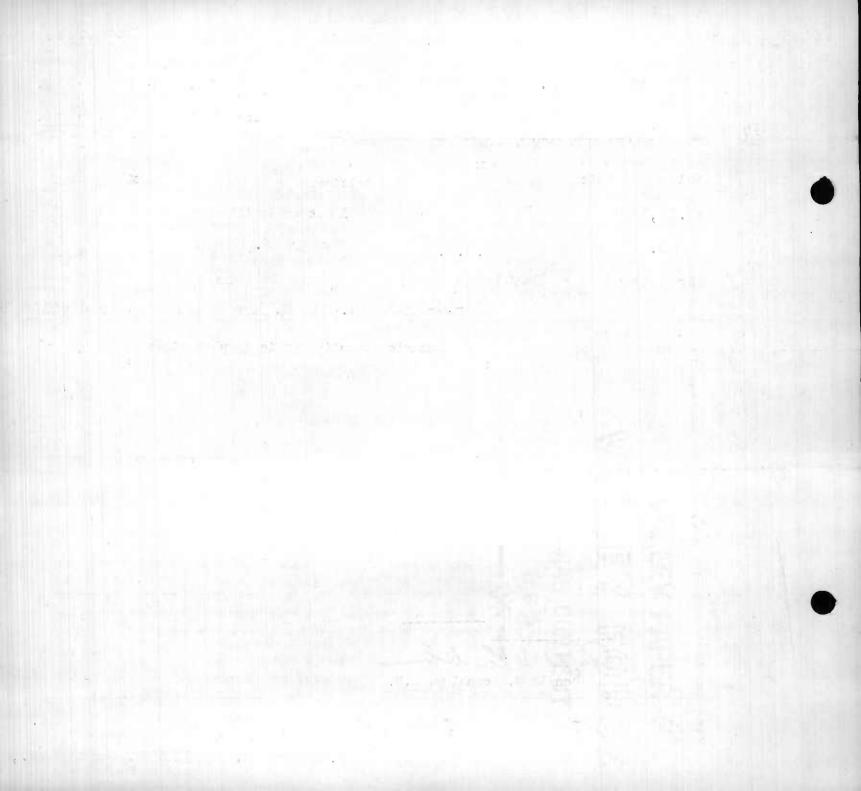
2 41.15 2 PLANT RIMS J. ALDA BLEIN June Condet ACSPIRE PRINCE SOME O U John part wo M-650

68- 2477 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO.

66	2477

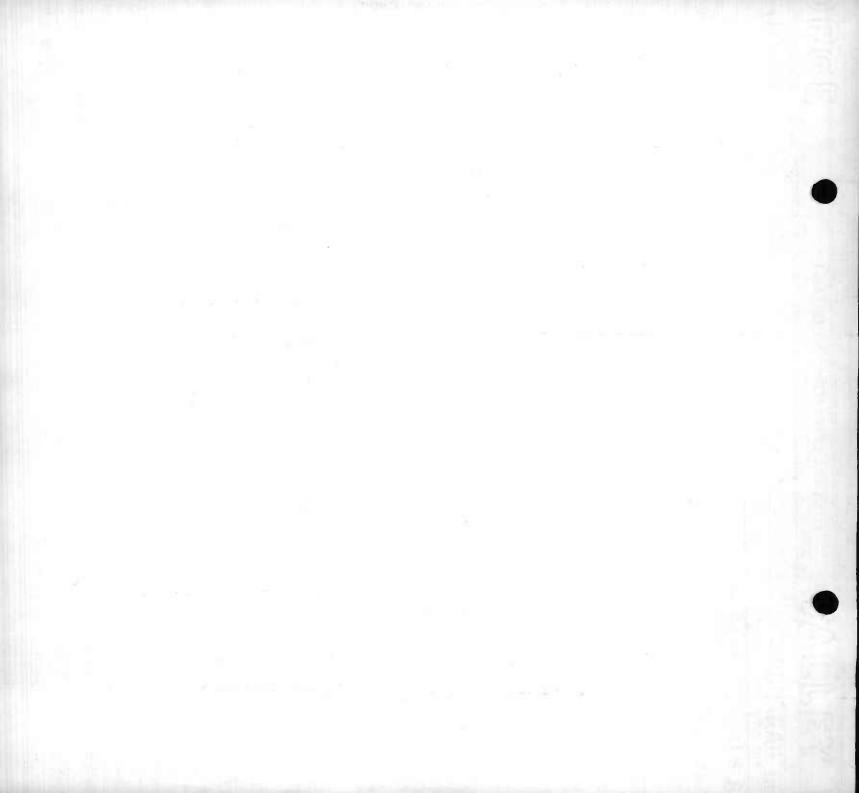
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) CLAPPINGE I MODANI	2. DATE Knawn Manth Day Year Hour
CLARENCE J. MORAN	DEATH Estimoted   March 1, 1968   4:00 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Haur PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	March 1, 1968 4:00 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
LUTHERAN HOSPITAL (DOA)	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. IN DECTY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES NO NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Indicated In years If Under 1 Yr. If Under 24 Hrs. Indicate It Indicated Indica	E. STREET AND NUMBER
F e D . 14 . 10 90	4901 Wetheredsville Road
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Md. U.S.A.	Richard J. Moran
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR dane during most of working life, even if retired)	
Carpenter Bethlehem Steel	Emma Wallace
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor ar dotes of service)	18. INFORMANT ADDRESS
no 210-10-8939	Mrs. Ola G. Moran 4901 Wetheredsville
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Disease
LEADING TO DEATH (A) IMMEDIATE (	
heart failure, asthenia, etc. It meons the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
Q 427.7 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	No
22B. PLACE OF INJURY(e.g., hame, form, factory, street, affice	in or about 22C. WHERE DID (If in 8oltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INJURY (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WORK AT V	WHILE ORK
23.	
	topsy and that on this bosis, deoth in my apinion
resulted from: Notural causes 🗓 Accident 🗌 Suici	
ACTUAL () 11 1/ 1/ 1/ 1/	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Valued MICLIAN MIL	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 3-2-68
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
REMOVAL (Specify) 3-6-1068 Tampaine	
Duitat	THE WOOLEANT PLANT
	Tara SUNISDAY DIRECTOR
MAR 4 1968 P. S. F. E. Fallows	G. Howard Strong 3207 W. North Ave.



IMPORTANT

FUNERAL DIRECTOR:

4. USUAL RESIDENCE (Where deceased lived, if institution: rasidence D. INSIDE CITY LIMITS? NO X YES 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. 7922 WESTEND PRIVE MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) and that in (my) (our) opinion deoth occurred on the date (City, town, or county) CHESTERTOWN VS 150-REV, 1/1/6B



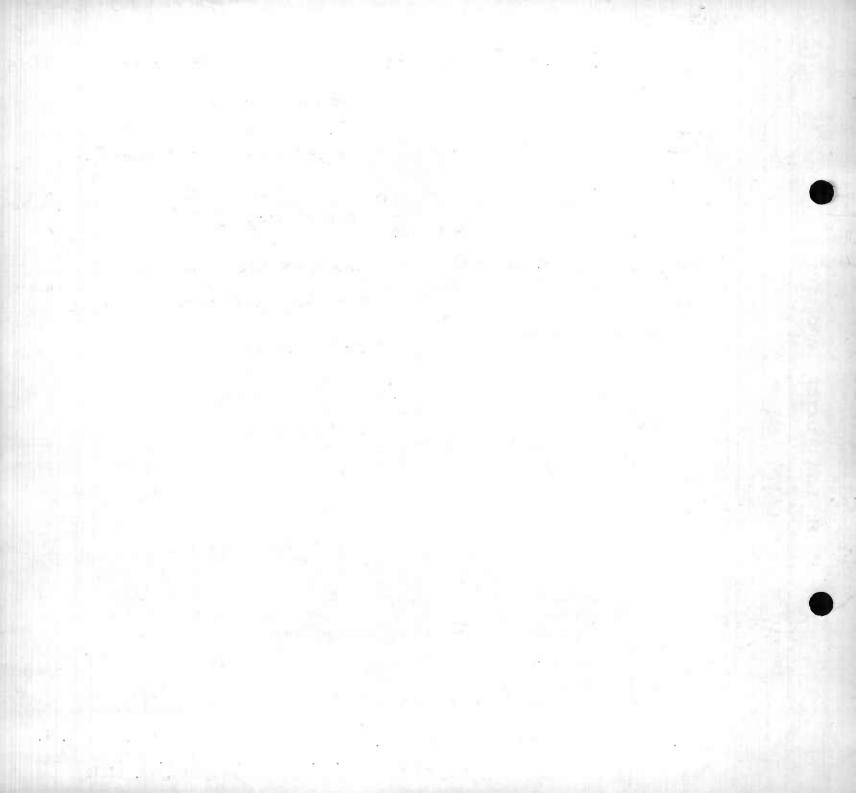
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

managhtenas en deux

	1 135 00 0	BALTIMORE CITY	HEALTH DEPARTMENT		68 2480
	G-635 68-24	CERTIFICA	TE OF DEATH	REG. NO.	
	I. NAME OF DECEASED			D HOUR OF DEATH	
	(Type or Print)	CORROAN		2/28	3/68 2:35PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		tion: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	RHODE ISLA	AND V-	36
	HOSPITAL OR ADDRESS OR LOCATION		C CITY OR TOWN	D. INSIDE	CITY LIMITS?
- 1	1/5	0.1	PROVIDED	ICE YE	s NO
	1 DINAL HOSPIT	772	37 SHER	I DAN A	UE NUE
de de	5. SEX   6. RACE   7. MADD	IED NEVER MARRIED			Under 1 Yr. , If Under 24 Hrs.
E	M WIDOW		4/9/30	ost birthday M	onths Doys Hours Min.
12	10A. USUAL OCCUPATION (Give kind of work 108. KINE		11. BIRTHPLACE State or forei	gn country) 12	. CITIZEN OF WHAT COUNTRY?
dsifion	done during most of working life, even it retired)	- 000,00	EAST PRO	VIDENCE,	115.0
ISI	13. FATHER'S NAME	= RACING	14. MOTHER'S MAIDEN NAM	AE	01.5177
Spo	HECTOR M. GORL	211/	GERTRUDI		t.NES
ē	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
2	(Yes, no or unknown) (If yes, give wor or dotes of service	security No.	J. H. WOLLIAM	EA	ST PROVIDENCE
=	18. ± 7 / 1	CAUSE OF DEAT		S aco.	APPROXIMATE INTERVAL
a a	DISEASE OR CONDITION DIRECTLY	1	0.0		BETWEEN ONSET AND DEATH
T e	LEADING TO DEATH	(A) IMMEDIATE CAL	parc Com	al	
5	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disease	e.g., DUF TO OR AS	CONSEQUENCE OF:		
embalmed	injury or complication which coused death.)	01	00-0	1 -	
	ANTECEDENT CAUSES	(B) DUE TO, OR AS	A CONSEQUENCE OF	hosi	
are	DISEASES OR CONDITIONS, if any, givenise to the obove cause (A) stating	illy	1	41 .	
remains	UNDERLYING CONDITION lost.	(c) Cr on	re diva sus	last	
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG			
5		IAL			
the	TO THE DEATH BUT NOT RELATED TO THE TERMIN VISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FI WAS PERFORMED  20 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIND	INGS CONSIDERED
9	U 21A. ACCIDENT WAS UNDERLYING	210 DI ACE OF INTURY	The state of the s	// L. 6-lv Cu	
betore	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(if in Bollimore Cit	y, give exoct location)
	U	21E. INJURY OCCURRED	21F. HOW DID INJU	Inv Occiles	
ained	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While		JRT OCCUR:	
btai		Work At Work		- 10	At ne
0	22. I certify that (I) (This hospital) ottende	- 1-0		9 68 10	2/28 1968.
pe	that (1) (we) last sow the deceased alive	)		of in (my) (our) opinion	death occurred on the date
must	and haur and from the causes stated above	a. (I) (We) (did) (did not) v	riew the bady ofter deoth.	1038	B. DATE SIGNED
E	- Dem bel		ending Med.	Shaff DC	2/28/18
۸۵	23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phys C	00/00/60
DLC	NAMÉ (Type)	211130	5	Hora Ton	
appraval	24A. BURIAL CREMATION, 24B. DATE 24C	C. NAME OF CEMETERY OF CRI	EMATORY 24D. LC	CATION (City, to	own, or county) (Stote)
		0		ast Providenc	
Written	EM. Burial 3/4/68 - 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Springvale Cem.	25C. FUNERAL DIRECTOR		
3	MAR 4 1968 Robert 8. 42	NO ENTINA	n. w. Jenkins	Baltimore, Md	. 21212
1	VS 150-REV 1/1/68			THE PARTY OF THE P	<u> </u>

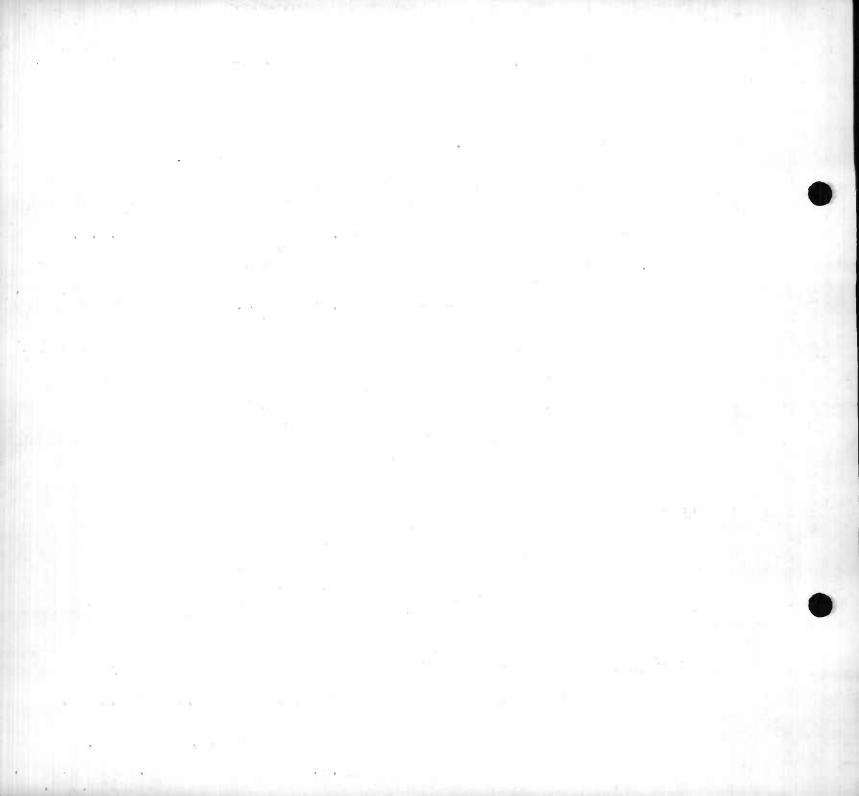


IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT K-520 68- 2481 CERTIFICATE OF DEATH USUAL RESIDENCE | Where deceased lived. If institution: residence If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 1410 Mimosa Lane, Md. Silver Springs BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 6 8 and that in (my) (set) opinion dooth accurred an the date 23 B. DATE SIGNED 1532 Havenwood Rd., Balto., Md. H.W. Jenkins & Sons CO. 4905 York Rd. VS 150-REV. 1/1/6B Balto . Md.



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IRTH NO.		UC
NAME OF DEC	EASED	
Tuno or Print)		

Frances M. Wisniewski 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 2. DATE AND HOUR OF DEATH

HOUR	OF DEAT	Н			-	-
-168	7		1 8	7:0	D P	M
decease	d lived. If	institution:	residence	before	adhiss	ion)

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR

IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY

Maryland Baltimore C. CITY OR TOWN

D. INSIDE CITY LIMITS?

NO A

12. CITIZEN OF WHAT COUNTRY?

Baltimore City Hospitals 4940 Eastern Ave.

E. STREET AND NUMBER 515 Middle River Road

USUAL RESIDENCE (Where

#21221 005

Baltimore, Maryland # 2122/ Wemale White

7. MARRIED NEVER MARRIED DIVORCED WIDOWED X

8. DATE OF BIRTH 3/10/74

9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdoy Haurs 93

YES

done during most of working life, even if retired) 13. FATHER'S NAME

Poland

14. MOTHER'S MAIDEN NAME

11. BIRTHPLACE (State or foreign country)

7. INFORMANT

MODZEBEN

15. Was Deceased Evel in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service)

SOCIAL SECURITY NO

CAUSE OF DEATH

(A) IMMEDIATE CAUSE

BCH: Records 4940 Eastern Ave. Baltimore, APPROXIMATE INTERVAL

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or complication which caused deoth.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stating the UNDERLYING CONDITION last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

ERTIFICATION DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION

MA. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21 A. ACCIDENT WAS UNDERLYING U OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?

(If in Baltimore City, give exact lacation)

MEDI 21 D. TIME OF INJURY (A PPROX.)

(Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED White At Work

22. I certify that (1) (this haspital) attended the deceased from

Not While At Work

19

21 F. HOW DID INJURY OCCUR?

that (1) (we) last saw the deceased alive an and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.

and that in my) (our) opinion death accurred on the date

Med

Director

23B, DAJE SIGNED

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS Baltimore City Hospitals

Attending

Phys.

E. M. Levinsohn, Md. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

4940 Eastern Ave. Baltimore, Maryland 24C. NAME of CEMETERY of CREMATORY

24D. LOCATION

(City, tawn, ar caunty)

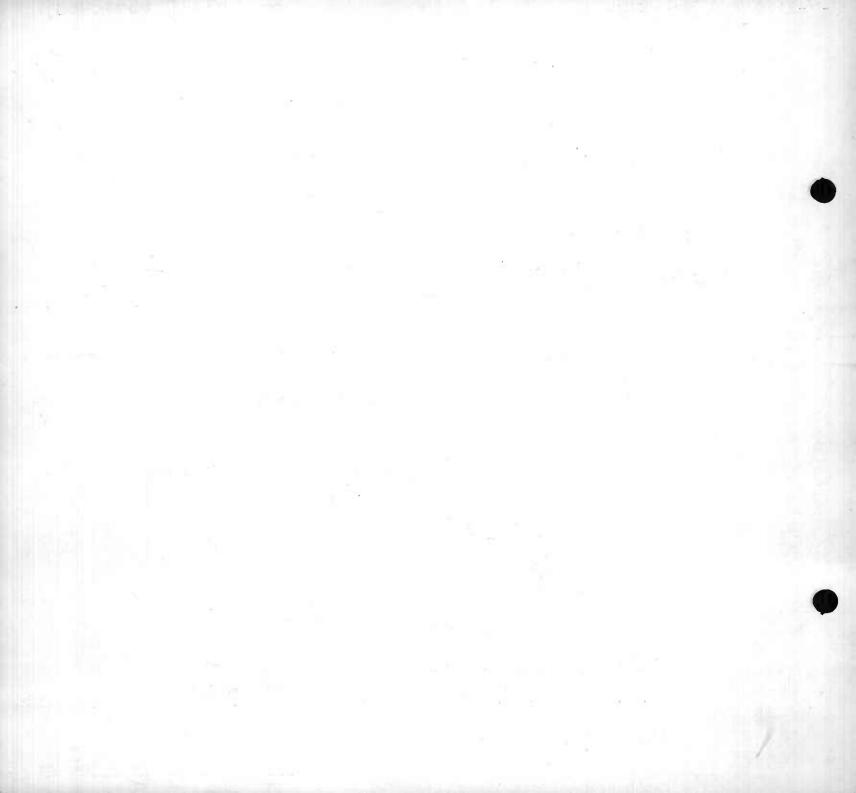
25A. DATE REC'D BY HEALTH DEPT.

TOHOM WEBER + SONS INC 401 S. CHESTER ST.

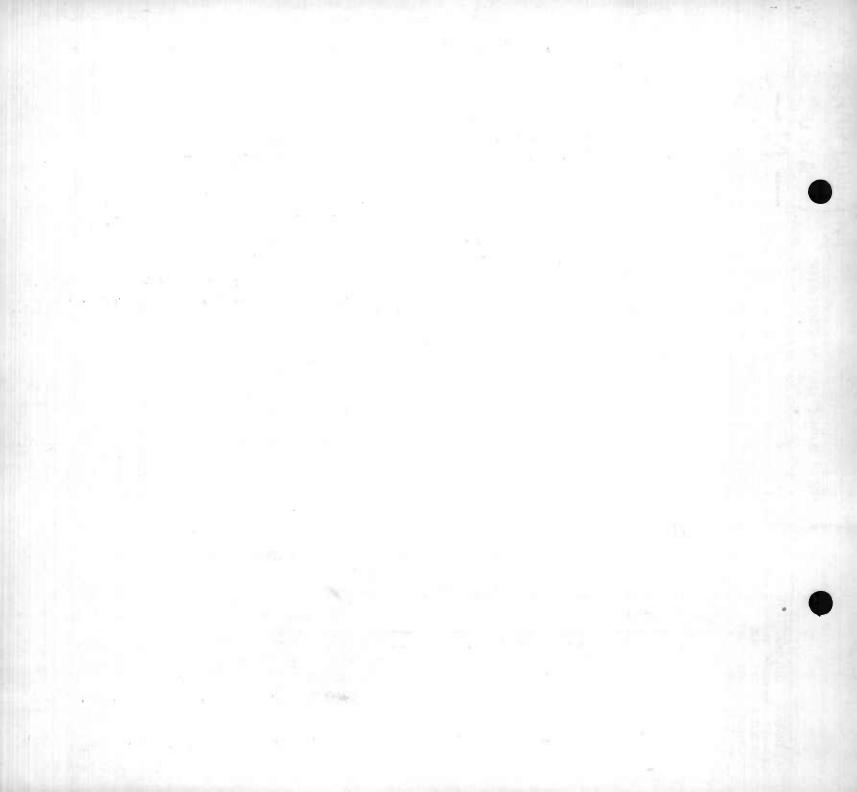
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IMPORTANT FUNERAL DIRECTOR:

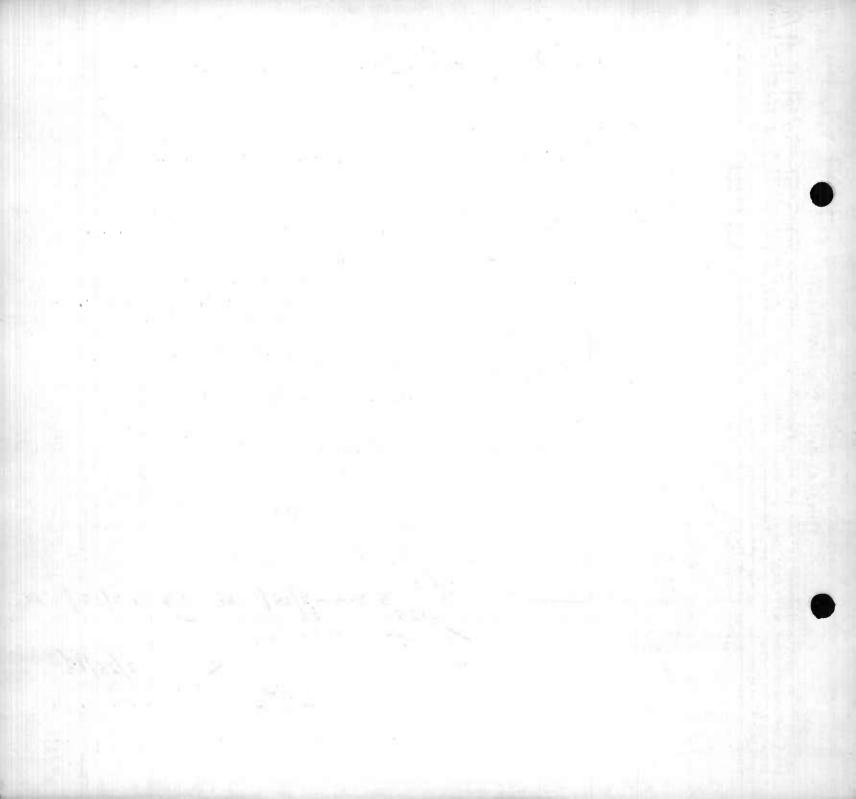
who re physician Was physician Body the (2) where hospital å any nature; 9 approved (except and the eath) hospital 0



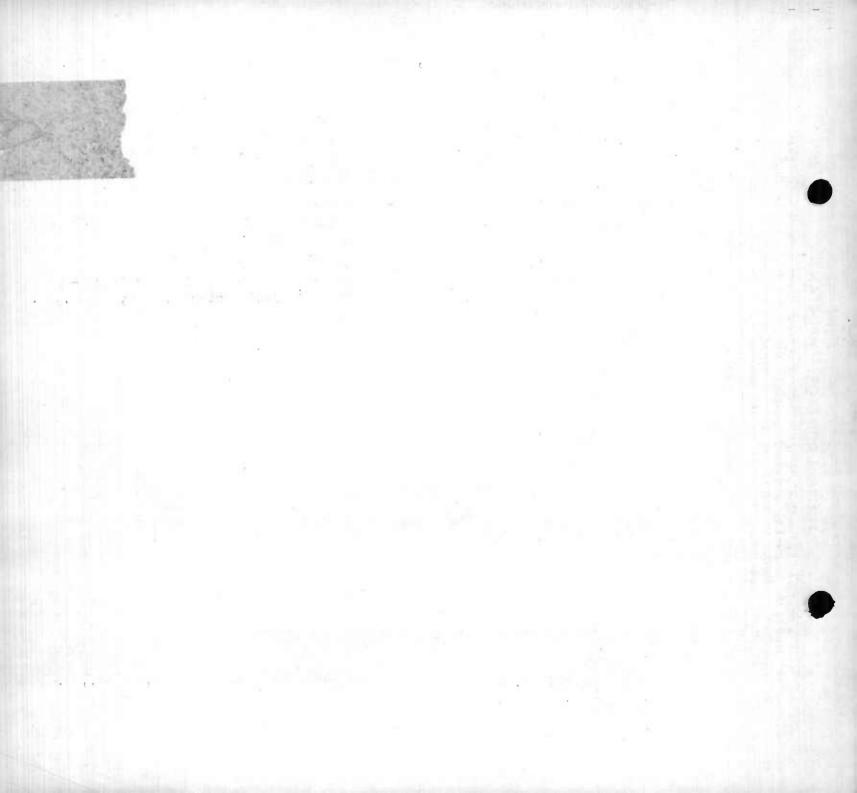
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VS 150-REV, 1/1/6B



51-0	4-63	8-152 68- 2485 BALTIMORE CI	TY HEALTH DEPARTMENT  PEG NO. 68- 2485   √
[W	7004	BIRTH NO. 68-01650 CERTIFIC	ATE OF DEATH REG. NO
	and eotlase ase th th	1. NAME OF DECEASED D	2. DATE AND HOUR OF DEATH
	al de de	DADY 1304 Barners,	PA PA
	hospit ise of (5) De once deoth	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY
	de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. (109
	se;	INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES  NO
	in age	BALTIMORE City Hospital	E. STREET AND NUMBER
	tin d c	4940 EASTON AVE - Salto Md	435 E. 2015 St. 21218
	ibu do do	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs.   Months Days   Rours   Min.
	ntri rmi egu	male Negro WIDOWED DIVORCED	] /29/68
	h co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	
	or nde s in de itio	NA SO NA	MANYLAND USA
	if d (4) U was the spos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E	A .=	Vervon Erigo	CAthorine Barnett
Z	e di e di e oth	15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	RECORDS: Baltimore City Hospita 23 21224
ORTA	the the de de nce	NO	4940 Eastern Avenue, Balto., Md.
ō	ed do	18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AP	his so, of unc	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	August 1 . Grania
=	P P P P P P P P P P P P P P P P P P P	(This does not mean the made of dying, e.g.,	AUSE Overwhelming Sepsis AS A CONSEQUENCE OF:
	er.	heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	
OR	e de la compania	ANTECEDENT CAUSES	
C	Z A A P	The state of the s	A5 A CONSEQUENCE OF:
RE	3 e e	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	lico ral ns; icid os	268.5 11	
AL	edi our ys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  ODISEASE OR CONDITION GIVEN IN PART 1 (A).	Prematurity
NER	y k	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Z	Bod Bod	WAS PERFORMED NA	IN CERTIFYING CAUSES OF DEATH?
5	by by		, in or obout 21 CWHERE DID office bldg, INJURY OCCUR?
	tal tal he be	DEATH (notify medical examiner) NA	4 / A
	spi spi	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  While At A Not W	21F. HOW DID INJURY OCCUR?
	ho ho ho d (d	(APPROX.) NA While At \( \text{Nork} \) NA Not W work	/hile \ \ \ \mathcal{N} \A
	he he any	22. I certify that (I) (This hospital) attended the deceased from	JANUARY 29 19 68 10 February 21 19 68
	dp dp to t	that (1) (we) last saw the deceased olive on February	2/ 19 6 ond that in(my) (our) opinion death occurred on the dat
	sed to sed to ent of spitol eath)	and haur and from the couses stated above. (1) (We) (did) (did nat	) view the body after death.
	den de mu	23A. 5IGNATURE	23B, DATE SIGNED
	must eleas ccide a hos to do	DEGREE P	Attending Med. Staff Phys. 2/21/68
		23C. PHYSICIAN'S KENNETH G. MAGEE	23D. ADDRESS 4940 Eastern Avenue, Balto., Md. 21224
	wos r wos r A. at a prior	KENNETH G. WAGEE MB DEGR	BALTIMONE City Hospitals
	certificate body was r vs. (1) An o D.O.A. at assed prior ten opprov	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
			y Hospitals Baltimore, Maryland 21224
	This certification the body shows: (1) was D.O. deceased written o	MAR 4 1968 Registrar	25C. FUNERAL DIRECTOR ADDRESS
	F + 4 > 0 >	VS 150-REV. 1/1/6B	HUSPITAL DISPUSAD

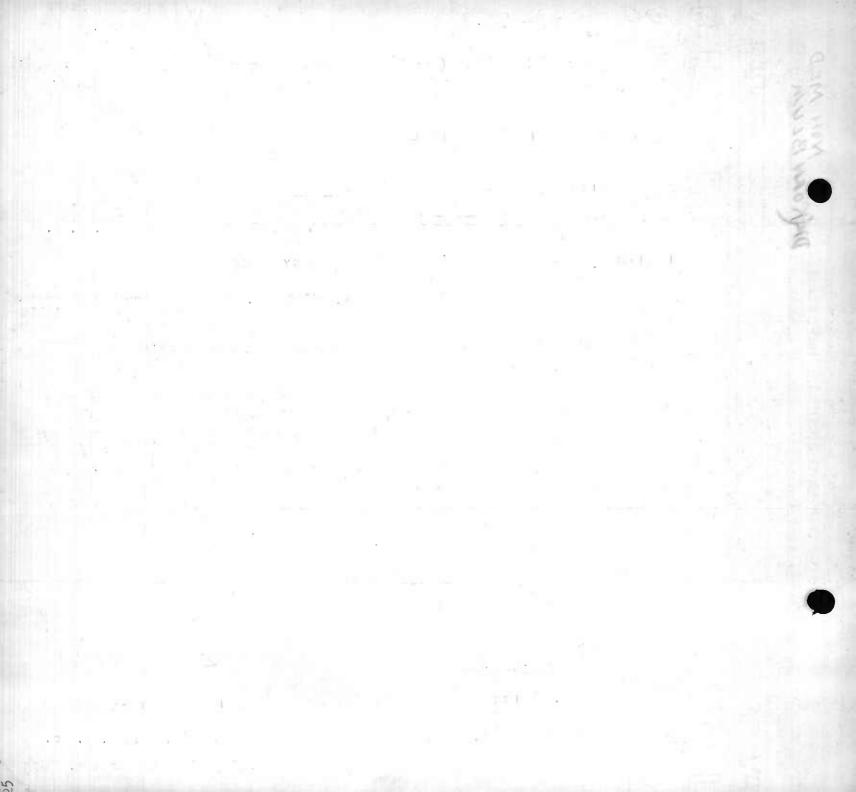


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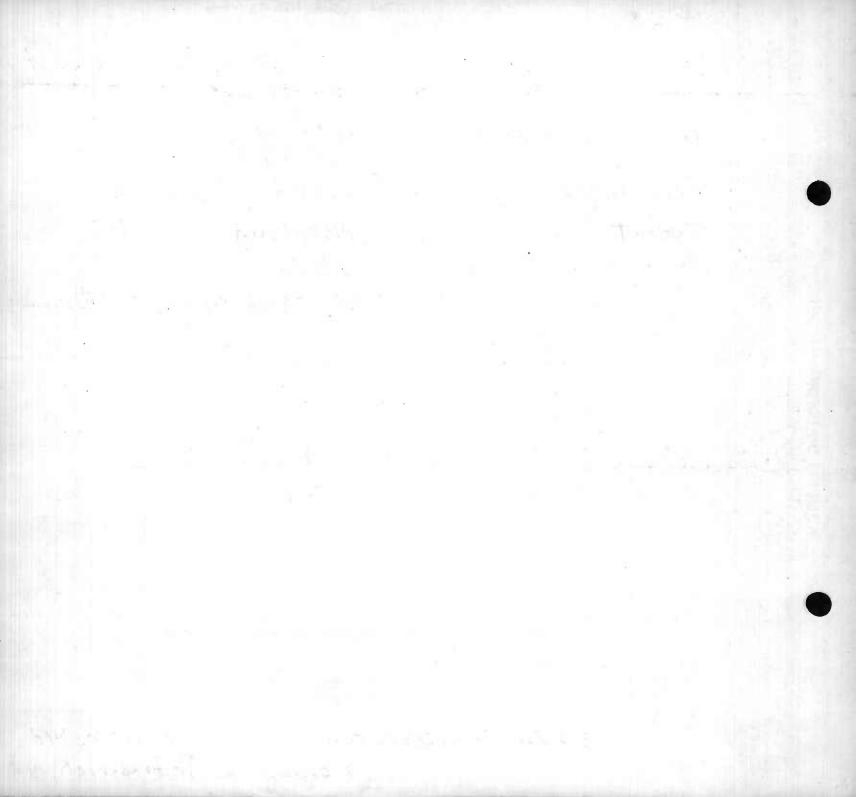
0 death chief medical approved

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 2488 CERTIFICATE OF DEATH REG. NO. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission D. INSIDE CITY LIMITS YES D NO If Under 24 Hrs. Hours i Min. nder 1 Months! Days Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 2827 W. MU 1Berry APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? If In Boltimare City, give exoct location and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, ar county) CO VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68- 2489
5-536 68-24	89 CERTIFICA	TE OF DEATH	REG. NO	00 6400
RIRTH NO.			ND HOUR OF DEATH	
Type or Print)	Ounden		3-1-1.0	13.151
3. PLACE IN BALTIMORE MARYLAND, WHERE P	SNY GEP	14. USUAL RESIDENCE (Whe	re deceased lived. If A	nstitution; tesidence before admission
TEACE IN SACIONARY MARIENTS, WILERE	STATE STATE	A. STATE B. COUL	ITY 1 #	7.9.60 -
FULL NAME OF (IF NOT IN HOSPITAL OR	NSTITUTION, GIVE STREET	1/1/2/4/0	Nd 21	225 Anne Arundel
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN Brool	clyn D. INS	IDE CITY LIMITS?
143		PARTOR XXXX	Park	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7 11 12 171	1 11	E. STREET AND NUMBER	11. 1	1
South Battimore	ENEral Hosp	109 W.	Third	AVE.
SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
M White WIDE	OWED DIVORCED	2-18-1911	lost birthdoy)	Monins Doys Hours Min.
	ND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	n/	20110	200 /	1
Never Worked	NO	Baltimo	PE, Ma	U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME Nellie	Borden
lames 4 C.	uden	(Convinced	63 /	WAS EXPENSED IN THE PROPERTY OF THE PROPERTY O
S. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	FEVER TON TON TON TON	ADDRES
res, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.			
No		Miss Ellen B.	Snyder 109	W. 3rd Ave. 21225
18. 4	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		DA . 1		20
LEADING TO DEATH	(A)IMMEDIATE CALL	SE Jastrointe	stenal	leeding 2 de
(This daes not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. II means the di- injury ar camplication which caused death.)	,	V		0
ANTECEDENT CAUSES	120-	1. 0	Janel.	.0.00
	(B) 0/0	A CONSEQUENCE OF:	occupa i	ue z
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating		A CONSEQUENCE OF:	4	
UNDERLYING CONDITION last.	(c) 250	phageal	varie	cea)
46211 11	1			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING A	Peter mel	1-4-	
TO THE DEATH BUT NOT RELATED TO THE TERM  OISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL COLL	nee me	lus	
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		Xec	IN CERTIFYING CA	AUSES OF DEATH?
	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in altimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	0	,, , , , , , , , , , , , , , , , , , , ,
U				
OF INJURY (Month) (Doy) (Year) (Hour		21F. HOW DID IN.	IURY OCCUR?	
(APPROX.)	While At Work Not Whit			
			/. 0	9-1 10
22. I certify that this hospital) atter	4 1		19 68 to	3-/ 1968
that ((we) lost sow the deceased alive	e on 3-/	19 68 ond tl	not in (my) (por) op	inion deoth occurred on the do
and hour and from the causes stated abo	ve. (1) (We) (did) (did not) v	iew the bady ofter death.		
23A. SIGNATURE	01			23B, DATE SIGNED
Nama Uma		nding Med.	Staff Z	
Secret 1000)	DEGREE Phy		Phys.	3-/-68.
23C. PHYSICIAN'S		23D. ADDRESS	11 -1	
NAME (Type)	11.			
Sa NO VAAN	Rhim.	12/2 /10	6+ 5+	
Sang JON 1	Rhim.  DEGREE  4C. NAME of CEMETERY OF CRE	12/3 h/9	62 St.	ity, town, or county) (State)
Sang JON 24A. BURIAL CREMATION, JAB. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	V		
Sang John  24A. BURIAL CREMATION, JAB. DATE  REMOVAL (Specify)  Burial  3/4/68	Kriders Cemetery of CRI	We	stminster,	Carroll Co. Md.
Sang 24A. BURIAL CREMATION, JAB. DATE REMOVAL (Specify) Burial 3/4/68 25A. DATE REC'D BY HEALTH DEPT. 25B. N.	Kriders Cemetery of CRI	V	stminster,	Carroll Co. Md.
Sang 24A. BURIAL CREMATION, JAB. DATE REMOVAL (Specify) Burial 3/4/68 25A. DATE REC'D BY HEALTH DEPT. 25B. N.	Kriders Cemetery of CRI	We	stminster,	Carroll Co. Md.

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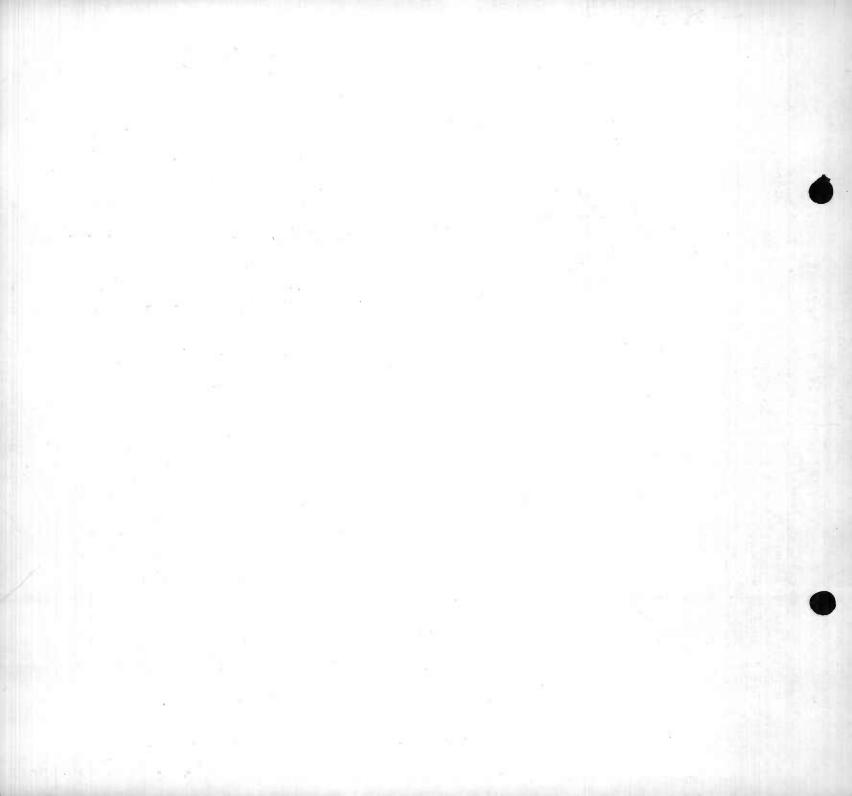
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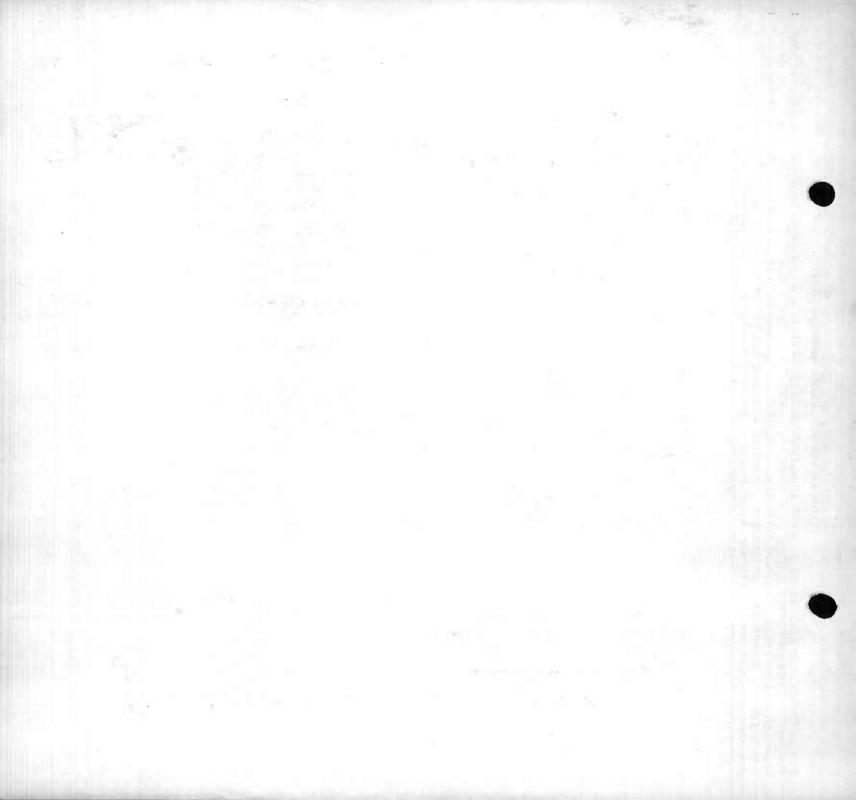
VS 150-REV. 1/1/68

1 , 2	×		BALTIMORE CITY	HEALTH D	EPARTMENT		68-	- 246	in
13-62	68	- 249	O CERTIFICA	TF OF	DEATH	REG. NO	- 00	A'ske	30
BIRTH NO.		14 X W	O OZIKTII TO			ND HOUR OF DEA	TH		
Type or Print)	Lillian	O Burn	lea.						
2 DI ACE IN BALTI	MORE MARYLAND, W			4. USUAL	RESIDENCE (Whe	ruary 29,	If institution:	residence be	are admission)
S. PLACE III DAEII	MORG MARIEAND, W	HERE PROMO	ONCED DEAD	A. STATE	B. COUN	1TY		n./	man I
TULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		ryland			1 day	-04
NSTITUTION				C. CITY OR		D.	INSIDE CITY I	Total Control	7
		h Stree			AND NUMBER		YES X	No	
DD	Baltimore	, Maryi	and 21225	3520	4th	Street	21225		
SEX	5. RACE	7. AA A DDIED	D ALEVED MARRIED D	8. DATE OF		9. AGE (In years			Under 24 Hrs.
Gemale	White	WIDOWED	NEVER MARRIED DIVORCED		24,1892	lost birthdoy)	Months	Doys Ho	
		10B. KIND OF	BUSINESS OR INDUSTRY			ign country)	12, CIT	ZEN OF WH	AT COUNTRY
	orking life, even if refired) SeWife			Balt	imore Co.	Marylan	đ	U. S.	Α.
FATHER'S NAM	E	1		14. MOTHE	R'S MAIDEN NA	ME			
	Henry Mors	berger		Mar	y Baldwir	1			
. Wos Deceosed	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORM	ANT			ADDRESS	
No No	(If yes, give war or date	s of service)	SECURITY NO.	Mr. Ea	rl C. Bur	cke, Jr.	3520 4	th St.	21225
18. 21 4	001		CAUSE OF DEAT	Н					ATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY						BETWEEN ON	ISET AND DEATH
	EADING TO DEATH		(ANIMAMEDIATE CA	se Art	erio-sc	lerotic	heart		
	t mean the made of		DUE TO, OR AS	A CONSEQUI	NCE OF:	lerotic disease	iicar o		
	isthenia, etc. It means dication which caused								
A	NTECEDENT CAUSES			Hype	rtensi	nn			
DISEASES OF	R CONDITIONS, if	anv. aivina	(B) DUE TO, OR AS	A CONSEQU	IENCE OF:				
rise la lhe	abave cause (A)								
UNDERLYING	CONDITION last.		(c)						
2 4 4 4 X	II								
TO THE DEATH	CANT CONDITIONS CO								
DISEASE OR CO	NDITION GIVEN IN PAR	RT I (A).	WHICH OPERATION	20 A. AII	TOPSY? (Yes or N	o) 20B. IF YES, W	FRE FINDING	CONSIDER	ED
19A. DATE OF	WAS PER		WILLIAM OF EXAMINIT	-37. AU		IN CERTIFYING	CAUSES OF	DEATH?	
21A. ACCIDEN	T WAS UNDERLYING	7 218	PLACE OF INJURY (e.g.,	in or obout 21	C. WHERE DID	(If in Bol	timore City, gi	ve exort force	tion)
OR CONTRIBU	TING CAUSE OF	hom	ne, form, foctory, street, o	ffice bldg., IN	JURY OCCUR?	\II III 001	City, gi		,
	medical examined								
21D. TIME OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED		F. HOW DID IN	JURY OCCUR?			
(APPROX.)		Wh	nile At Not Whi	le 🗌					
22. I certify	that (I) (Nix NoxpXiX	1) ottended t	he deceased from	2/27/	68	19to	2/29/	68	19
2000	ast sow the decease		0/07/00			hat in (my) (Sub)	, ,		
1							piman det	orn occurre	a on the dat
		ted obave. (	1) (Met Keig) (Pipt New)	view the ba	dy atter death.		00 P P 4	TE SIGNED	
23A. SIGNATUR	.0/	11	a MARIA	ending	Med.	Shaff			
Var	nucl	Kuly	DEGREE Ph	rs.	Director L	Phys.	3/1	/68	
23C. PHYSICIAN NAME (Ty	pe)			23D. ADDRE 203		angoo fire	2011		
	Samuel Rub	in, M.	D.	Bal		apsco Avo	or or		
AA. BURIAL CREA	AATION, 24B. DATE		AME of CEMETERY of CE		timore,	LOCATION	City, town,	or county)	(State)
REMOVAL (S		7	and Paula C			Rel + imama	. Maryl	end	
Burial 5A. DATE REC'D	3/ <b>3</b> /68		oudon Park Ce	netery 2SC. FU	NERAL DIRECTO	Baltimore	, -aryl	ADDRE	SS
MAR 4	1968 120	A- 9	Fallen MA	The	er 60.	+ 1C			
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VS TSO-REV. 1/1/68



SAB*	50-99-08		16 211 CG 2400	BALTIMORE CITY H	HEALTH DEPARTMENT		68-2492	
		1	10-260 68-2492	CERTIFICAT	E OF DEATH	REG. NO	N XUL	
	and eath ased the Such	1, N	NAME OF DECEASED -	10.		D HOUR OF DEATH		
1	S e de	(Ty	pe or Print) Isabelle Ba	Ker (Robin	150N) 3	3-2-1968	7AM	Μ.
1	The Def	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	A. USUAL RESIDENCE (Where		stitution: residence before odmis	sion)
Ki,	se (5) and	FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO		Maryland	/1	2	
11.		HE	SPITAL DR ADDRESS DR LDCATION)		C. CITY OR TOWN	Q. INSV	DE CITY LIMITS?	
	use use ten	13	1 Baltimae City Hoop	, tals	Bultim	e '	YES NO	
	ca ca rior	P			E. STREET AND NUMBER	0 0:	Street 21213	
	de de de		940 Eastern Avenue, Baltimore, N			Carollie P. AGE (In years	II Under 1 Yr. , II Under 24	W.
	nin min	J	Henre Negro WIDOWED	DIVORCED   8	11/28/20	ost birthdoy)	Months Doys Hours Mi	in.
	on on on reerr	104	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BU			an country)	12, CITIZEN OF WHAT COU	NTRY?
	det ch		ne during most of working life, even if retired)				us A.	
	Jack Sitis	13.	FATHER'S NAME	1	District of (		VS M.	
	if we we the		David Moore			mwz		
5	dis dis	15		SOCIAL 1	7. INFORMANT	crimec	ADDRESS	
		(Ye	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.		10 E - to A		
IMPOPTANI	file ax sist	L	<i>N</i> <sup>∞</sup> 6		Records: BCH-494	U Lastern A		
C	or ced	Т	18.284XI	CAUSE OF DEATH			BETWEEN ONSET AND D	
2	so of or	P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Sohi		3 days	11
	PASSE	1	(This does not mean the made of dying, e.g.,	DUE TO, OR AS A	CDNSEQUENCE OF:		7	
ė	er. ctu ctu pro pro lar		heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		1			
9	e de consision de consiste de c		ANTECEDENT CAUSES	(0)	Ahlaster or	venie.	2 montes	
	S P A S S		DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A				
DIPECTOR.	S = 1 3 6 6		rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(c) Pn	shably UTI.			
2	is de la	ь	292,4	(0)				
-	medice ledica burns, hysici n was	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
2	m m m m m m m m m m m m m m m m m m m	AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
Agan	he od od	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED	
=	by by construction	CER	21A, ACCIDENT WAS UNDERLYING 21B, PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
	tal by the here	CAL	OR CONTRIBUTING CAUSE OF home, for DEATH (notily medical examiner)	orm, foctory, street, offic	e bldg., INJURY OCCUR?	,		
	6 - 3 T			JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
	hosi natu d (6)	MEDI	OF INJURY (APPRDX.) While A	At Not While				
	o o o o o o o o o o o o o o o o o o o		Work			9 68 to M	anch 2 19 6	-
	da the		22. I certify that (I) (this haspital) attended the d	12 midnight	1 / 6			
	to ap of a of a of a l (h);		that (I) (we) last saw the deceased alive on	/		if in(my) (aut) apin	nian death accurred an the	date
	ust be ased dent ospit deat		and haur and fram the causes stated abave. (I) (W	e) (did) (did nat) vie	w the bady after death.		238. DATE SIGNED	
	3 0	1	12-01	Attend		Staff	3-2-68	
		1	23C. PHYSICIAN'S	~ Phys.	D. ADDRESS	Phys.	X .	
	as and at rior		23C. PHYSICIAN'S NAME (Type) David Juan David Juan	h- 4/3	1940 Ebstetimen	ento obatim	ore Marviand 21	224
	certificate sody was r rs: (1) An a D.O.A. at a ased prior	24/		DEGREE A			y, town of county) (Sto	
			A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	1 h. 1	1	Roll M	ne	
	" T 3 " O T	254	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR	rece /	ADDRESS	
	This the showas was	1	MAR 4 1968 P.O. & E. Fan	Dev Ma	Degittilen	na unika	witer ho	
		Vs	150-BEV 1/1/68	ALCON	any com	- jour nec	7,	



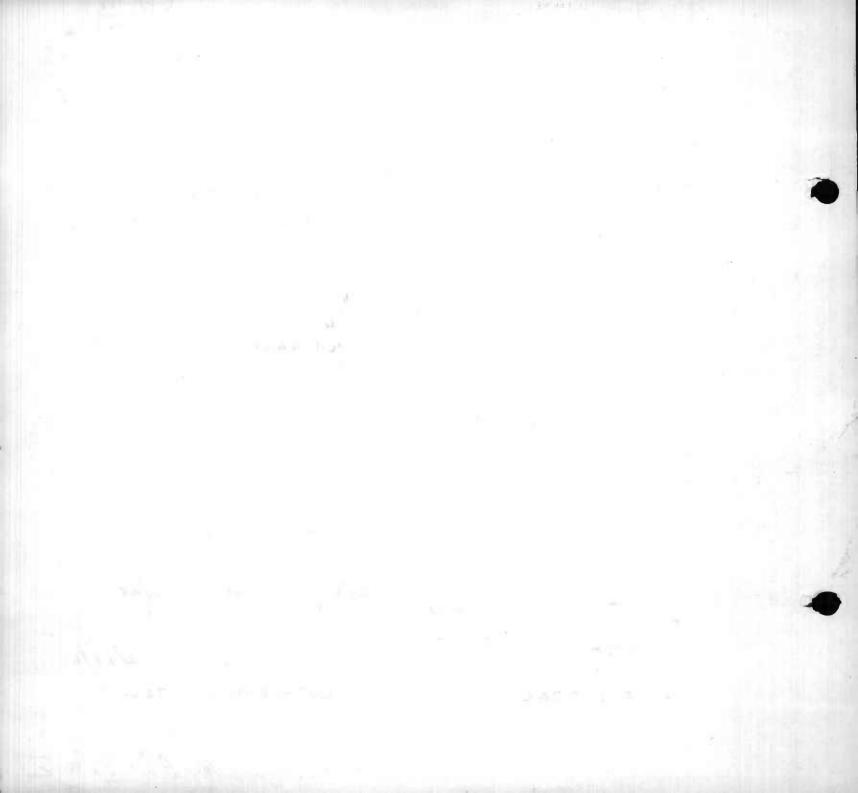
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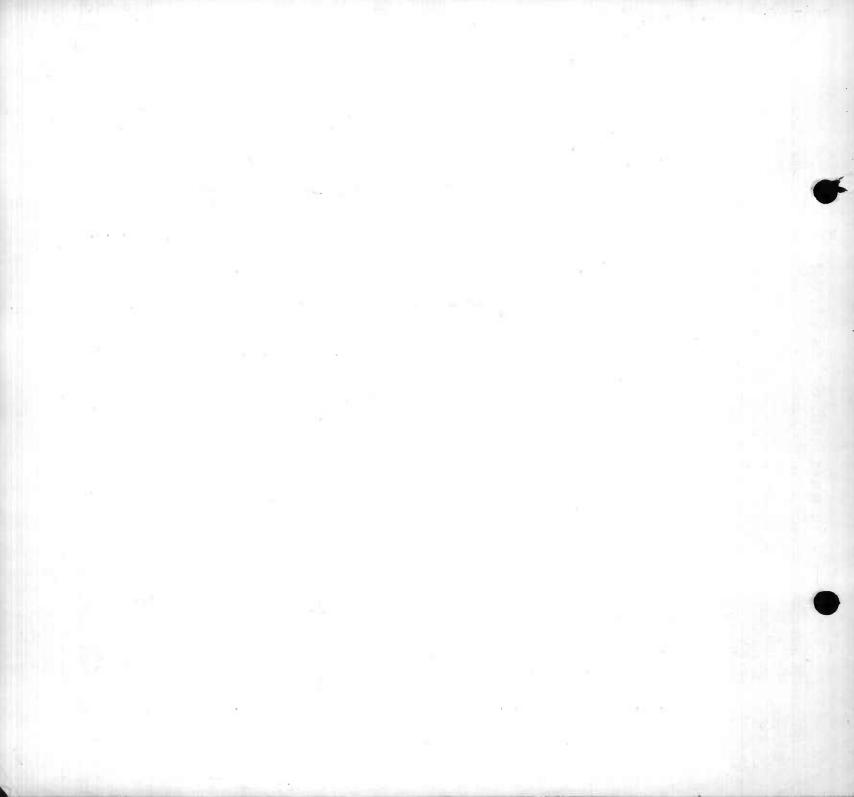
	3	-4-68		9 A M.
	4. USUAL RESIDENCE A. STATE B.	(Where deceased live	d. If institution; residence	
T	MARYLIND	CITY OF	BALTIMORE	•
)	C. CITY OR TOWN	C	INSIDE CITY LIMITS?	. [
2/68	BALTIMORE E. STREET AND NUMI	SER .	YES Y	No.
760	2209 01iv		09 Orleans	Strant
DП	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Yr.	If Under 24 Hrs. Hours Min.
	7-18-78	last birthday	Months; Doys	Hours Min.
DUSTRY	11. BIRTHPLA CE (State		12. CITIZEN O	FWHAT COUNTRY?
	WAShing	lon M.C	· 4.5.	A ·
	14. MOTHER'S MAIDE	NAME		
	IDA WASH	INGTON		
	17. INFORMANT		ADD	RESS
7.199	A Alice	Hopps	2600/	reary! Aux.
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	aut. A	a T	4 4	-1.
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OR AS				1
LY	meumo con	cal nue	moun 2.	-3 Lays
			1 -276	
1	20A. AUTOPSY? (Yes	or No. 20B. IF YES.	WERE FINDINGS CONS	SIDERED
	NO	IN CERTIFYIN	WERE FINDINGS CONS G CAUSES OF DEATH	1?
Y (e.g., in	n or about 21 C. WHERE E	otD (If in B	altimore City, give exoc	l location)
ED		D INJURY OCCUR?		
ot While t Work	° 🗆 🔒		1	
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	19 Le 8 0	nd that in(my) 🚄	opinian death acc	curred an the date
wy) v	iew the bady after de	ooth.		1
A44-	adian management		23B. DATE SUGI	/
	nding Med. Director	Phys.	3/9	168
	23D. ADDRESS			
DEGREE	JOHNS HOPKI			
	MATORY	4D. LOCATION	(City, town, or cour	(Stote)
~ (		Baltimir		7-41.
	25C, FUNERAL DIRI			DDRESS
	( Knowy O	, Wilson	1000/2/milli	in some.
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6/12/68 - Correction form from funeral direct

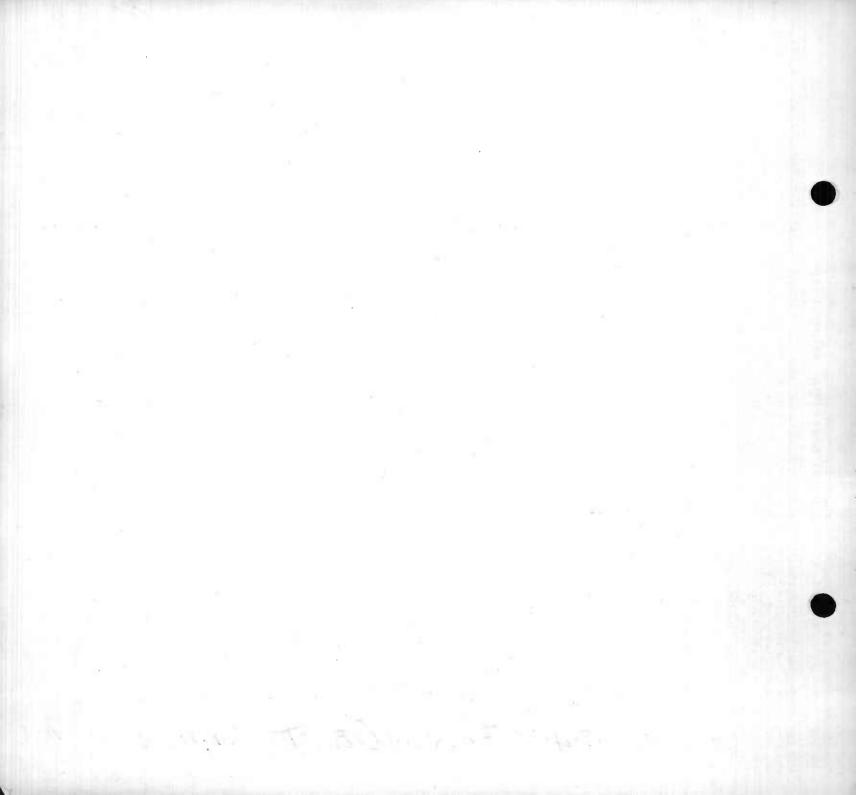
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0-1	20 00	040	BALTIMORE CITY	HEALTH DE	PARTMENT		68- 2494	
6-6	とし りゃ	249	CERTIFICA	TE OF	DEATH	REG. NO		
NAME OF DEC	FASED					ND HOUR OF DEATH		
Type or Print)		1053			2,000	2/28/68	2	ITB,
B. PLACE IN BA	TIMORE, MARYLAND, WHE	RE PRONOU	NCED DEAD	A. STATE	RESIDENCE (Wh	ere deceosed lived. If in NTY	stitution: residence before	odmission
ULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITU	TION, GIVE STREET	Md.			160	8
IOSPITAL OR	ADDRESS OR LOCATIO	JNI		C. CITY OR	TOWN	D. INSI	DE CITY TIMITS?	110
LUTHE	ERAN HOSPIT	AL			AND NUMBER		(ES S) NOTE	1 Fred
C.				2005	- DENISC	ow ST.		
. SEX	6. RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Un Months! Doys Hours	der 24 Hrs Min.
M		VIDOWED	DIVORCED	\$3-	14-34	¥333		
	UPATION (Give kind of work 10) working life, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY		ACE (State or far	eign country)	12. CITIZEN OF WHAT	COUNTR
, ,	iver	1	ane	13e	LISUILI	e, ma	4.5. 9	•
3. FATHER'S NA	ME C DA			14. MOTHER	MAIDEN NA	ME		
WII	1 Filds	-055			WAIJY	1 homes		
es, na or unknow	Ever in U. S. Armed Forces	? of service)	1 6. SOCIAL SECURITY NO.	17. INFORM		/	ADDRESS	11.
No				Der	Purde	V. WARNE	- Be ATS	v: 118
18. 011	19 1		CAUSE OF DEAT	Н			APPROXIMATE	
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(This does	LEADING TO DEATH not mean the mode of dy	ina oa	(A) IMMEDIATE CAL	ISE TUL	MONAR	4 TUBERCE	LUSIS YEAR	28
	osthenio, etc. Il means the		DUE TO, OR AS	A CONSEQUE	NCE OF:			
injury or con	mplication which caused de	oth.)						
	ANTECEDENT CAUSES		(B)					
	OR CONDITIONS, if any		DUE TO, OR AS	A CONSEQU	ENCE OF:			
	e obove couse (A) st G CONDITION lost.	oling the	(c)					
002,	/ 11							
OTHER SIGNI	FICANT CONDITIONS CONTI							
d DISEASE OR	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART 1	(A).						
19A.DATE O	F OPERATION 198. CONDIT		HICH OPERATION	20 A. AU1	OPSY? (Yes or N	10) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
ŽIA, ACCIDE	NT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., i	n or obout 210	C. WHERE DID	(If In Baltimar	e City, give exact location	1
OR CONTRIB	UTING CAUSE OF medical examiner	home etc.)	e, farm, factory, street, of	fice bldg., IN.	URY OCCUR?	(1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	o only, give oxoci tocomon	
21 D. TIME	(Month) (Day) (Year) (	Hour) 21E,	INJURY OCCURRED	211	. HOW DID IN	JURY OCCUR?		
OF INJURY			e At Not Whil	e				
		Work		01/20	,	-/1	2/28	18
	that (1) (this haspital) a			20/20	C/	19 6 8 ta	2/20	1960
that (1) (we	) last saw the deceased (	alive an	2/28	196	and t	hat In (my) (aur) apl	nian death accurred o	in the da
and have an	d fram the causes stated	abave. (I)	(We) (did) (dld nat) v	iew the bac	dy after death.			
23A. SIGNAT							23B. DATE SIGNED	_
	Fam		DEGREE Phy	nding	Med. Director	Staff Phys.	2/28/68	
23C. PHYSICI	AN'S			23D. ADDRES	S		1	
NAME (	F. QUERA			4	UTHER	LAN HOSPI	TAL	
4A. BURIAL CR	EMATION, 24B. DATE		ME of CEMETERY OF CRI	MATORY	24D.	LOCATION (C	ity, town, or county)	(Stote)
BULLAL	3 - 4 - / S	, ,	MT. PALLIN	us lin	. 1	Brockylon	7	2
-	BY HEALTH DEPT. 25	B. NAME O	F REGISTRAR	25C, FUI	NERAL DIRECTO	OR	ADDRESS	-63/
MAR 4	1968 Ochel	F. 3.	Inberta	80	311.1	w BAA T	m. Itz. su.	
'S 150-REV. 1/1/	<b>68</b>	, ,		0,0	VVIII	1000 19	1 and your	





VS 150-REV. 1/1/68



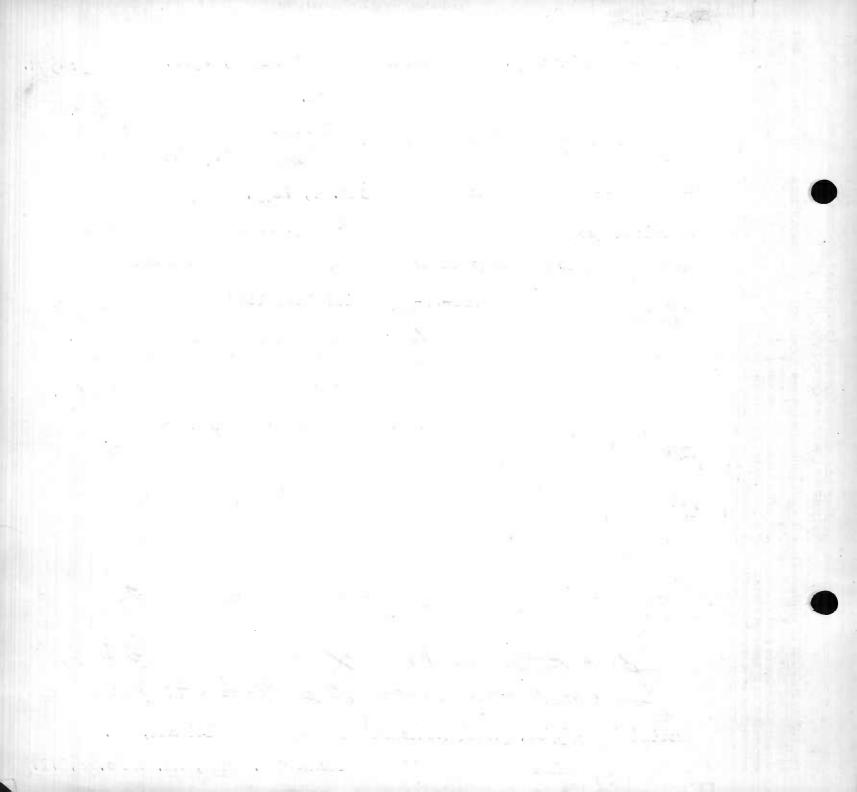
VS 151-REV. 1/1/6B

Barial Mrs 3 18 mt Colorand Sm. A. Co.

FUNERAL DIRECTOR: IMPORTANT

Casher John Helly Saster to the 20 miles Cream Charachardens Come 6 / 1/E 3 8 /1 = E

M-420 68-2499 CERTIFICATE OF DEATH  REG. NO. 68-245	77
1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Print) Steve G. Mihalos March 2, 1968. 5.	45 A.N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE  B. COUNTY	ore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md.	0]
HOSPITAL OR ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS	7
4219 Woodlea Avenue Baltimore YES NO	
00 4219 Woodlea Avenu	ie0
Male   AGE   Never Married   B. Date Of Birth   9. AGE (In years   If Under 1 Yr. If I will be	Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or Toreign country)  12. CITIZEN OF WHA	AT COUNTRY
Retired Cook Greece USA	1
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
George Kontomihalos Unknown	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	
No 188-10-5354 Miss Markella Mihalos (Sam	ne)
710	TE INTERVAL
DISEASE OR CONDITION DIRECTLY	SET AND DEATH
LEADING TO DEATH	-43.62/,
(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	
injury or complication which caused death.)	
ANTECEDENT CAUSES	Cpd-
DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:	7
underlying condition last.	
195 Y II	************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	ED
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or obout OR INJURY OCCUR?   21B. PLACE OF INJURY (e.g.	ion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
(APPROX.)  While At Not While At Work  At Work	
22. I certify that (1) (this hospital) ottended the deceased from	1968
that (I) (we) last saw the deceased alive on 2 13 19 6 and that In(my) (our) opinion death occurred	
ond haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.	on the dur
23A. SIGNATURE	
Attending Med. Stoff	8
DEGREE Phys. Director Phys. L	1
(NAME Type) 1 Disse M. Park O = M.O. 2 F. Read St. Re Sto. K.	nd.
DEGREE  24A. BURIAL CREMATION,  24B. DATE  24C, NAME of CEMETERY OF CREMATORY  24D, LOCATION (City, town, or county)	(6 )
REMOVAL (Specify)	(Stote)
Burial 3/5/68. Greek Orthodox (emetery Baltimore, Md.	
MAR 4. 1968 Report & Leonard J. Ruck, Inc. Balto. Md.	
Leonara y. Nucr, yrc. Dalto. Ma.	2124



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

